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“We’re Sinking and We’re Sinking Quick”: Family and Feeding Work During the COVID-19
Pandemic for Single, White, Middle-Class Mothers

A thesis
presented to
the faculty of the Department of Communication and Performance
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Master of Arts in Communication and Storytelling Studies

by
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May 2021

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ABSTRACT

“We’re Sinking and We’re Sinking Quick”: Family and Feeding Work During the COVID-19
Pandemic for Single, White, Middle-Class Mothers

by

Debora Garrison

This study examines the work of single, white, middle-class women feeding and caring for their families during the COVID-19 pandemic in the year 2020. The study draws from qualitative analyses of one-on-one interviews conducted with seven single mothers. After situating single mothers and family food provision in the academic literature, as well as and current knowledge about the pandemic in the U.S., the author explores ways that the pandemic disrupted family life. Findings indicated that the single mothers were keenly impacted by being cut off from child care, schools, and other social connections they needed to maintain employment. Further, their feeding work became exceptionally complex as they navigated the need to provide food for their families amid restricted food options, alongside the need to minimize family exposure to the coronavirus. The mothers’ meal preparations and connecting around meals were impacted by complexities caused by the virus and social distancing.

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TABLE OF CONTENTS

ABSTRACT..... 2

ACKNOWLEDGEMENTS 4

Chapter 1. Introduction 7

Chapter 2. Literature Review 11

 Contending with Feeding Discourses 14

 Employment Impacts on Feeding Single-Mother Families 18

 Employment Complications of Feeding Work 19

 Counting on Family Caregivers 20

 Feeding Strategies: How Single Mothers Manage 21

 Emergence of COVID-19 25

 Attempts to Control COVID-19 with NPIs 26

 Impacts of NPIs on Women’s Lives 28

Chapter 3. Methodology 31

 Recruitment..... 32

 Participants..... 33

 Data Collection 34

 Interviews..... 34

 Surveys..... 36

 Data Analysis 37

Chapter 4. Findings 40

 The Pillars of Employment and Social Connections: Supporting Single-Mother Family Life 42

 Social Connections: Single-Mother Support 43

 Employment: The Cornerstone of Single-Mother Life..... 47

 Single Mothers Feeding the Family: The Pandemic Makes it Complex 51

 Meal Planning Labor 53

 Manageable Meal Prep. 54

 Ensuring Nutritional Content..... 55

 Child and Parent Food Preferences..... 57

 Meal Budgeting Labor 58

 Provisioning and Preparing: Food Constraints Imposed by COVID-19 61

Risking Exposure to Acquire Food.....	61
Grocery Stores as Places of both Risk and Provisions.	62
Delivery Costs.....	66
Navigating Reduced and Restricted Food Access	66
Preparing Food when Time and Energy are Constricted	68
Eating Together: Building Family	72
Negotiating Connectedness at Meals	72
Extended Family Meals: Getting Together When It Is Safe.....	75
Conclusion	76
Chapter 5. Conclusion.....	78
Discussion.....	79
Implications	82
Limitations	86
Future Directions	88
Research Reflections.....	89
References.....	93
APPENDICES	103
Appendix A: Flyer 1	103
Appendix B: Flyer 2	104
Appendix C: Interview Schedule.....	105
Appendix D: Survey	107
VITA.....	109

Chapter 1. Introduction

In January of 2021, I watched with millions around the world as Amanda Gorman, the newest American inaugural poet, took her place on the world stage to read her original poem “The Hill We Climb.” Gorman’s presence and words radiated intelligence and warmth, and I thought she was the brightest star in the constellation. She posed the question, “Where can we find light in this never-ending shade?” (Public Broadcasting Services [PBS], 2021, 0:15). She was a light, but the moment in her recitation that struck me came at the one-minute mark when she read, “Where a skinny black girl descended from slaves and raised by a single mother can dream of being president only to find herself reciting for one” (PBS, 2021, 0:57). In that statement, Amanda Gorman, this bright ray of light, had declared herself, among other things, the product of a single-mother home.

In that image—coming up from slavery, coming from a single-mother home, her feet on the world stage, and her eyes on the presidency—Gorman wore the sacrifices of her single mother as a badge of honor. Gorman did not compare the lives of single Black mothers to slavery, but she let them touch as she placed them side by side in her poem. She recognized, as children that are raised in single-mother homes are well aware, that coming from a single-mother home would not be a badge of honor unless it was hard and the grit affected every part of you.

In stark contrast to the light and hope in Gorman’s poem, there was a darkness present at the inauguration that prompted those attending to wear masks to prevent the spread of illnesses and deaths caused by COVID-19. The masks were symbolic in a way. They symbolized the attention the new administration promised to bring to combat the virus. The promise and the symbolism were badly needed. In the brief six minutes while Amanda Gorman thrilled the U.S. and the world with her reading, it is possible that 12 people died from COVID-19, based on

Stone's (2021) report that in the U.S. at the time, someone was dying from COVID-19 every 26 seconds (para. 2).

As I write, millions are unemployed, tenants and landlords are at loggerheads over rent payments, the news is full of businesses closing permanently, and service industries such as tourism and restaurants may never fully recover. On March 10th, 2021, however, Congress passed a 1.9 trillion-dollar relief bill to help those fighting to make ends meet during the pandemic; newly-elected President Joe Biden signed the relief bill (Zurcher, 2021). I wondered how the news would be received by single mothers. I thought they would be thrilled by the financial help, and yet I understood that many single mothers would still be left without critical support systems like safe schools and child care that no stimulus money, or any other money, can buy during a dangerous pandemic.

I began this study in the spring of 2020. I was feeling isolated and troubled by the pandemic and I knew I needed to turn those feelings around and be a part of the accounting of this historic moment. In selecting a research topic, I considered my interests and experiences. As a mother, I understand families and I appreciate the caring work mothers do for their children, so planning a study involving mothering made sense. I was privileged to find a Mother Studies scholar who was willing to serve as a mentor and a guide for my research. When the pandemic began, my heart had gone out to the more vulnerable members of our population, so, it was important to me to work with a marginalized group. Single mothers had already been on my mind because of my participation with a food bank in our neighborhood. I became very concerned about this marginalized population and how they were faring during the pandemic. Conducting research that looked at single mothers was a choice that mattered to me. I decided to add feeding work to the research as a lens and a means of focusing the study. Feeding a family is

something I have been doing for decades and I have enjoyed bonding with other women as we made meals together. I have worked with groups of women learning to feed families for many years, first as a young mother myself, then later as a mentor, and now, finally, as a researcher. This study brought together several interests for me and the topic of my research became single mothers feeding their families during COVID-19.

During the summer and fall of 2020, I began interviewing a group of single mothers to learn their stories. It was an opportunity for me to learn how these remarkable women do it all and do it alone. I wanted to know about their feeding experiences during COVID-19 shutdowns and I wanted to share their stories with others using the mothers' own narratives. This study has provided me with that opportunity and I hope it will provide a platform that gives others the chance to learn these incredible participants' stories. I hope these mothers will be viewed with less stigma and become more visible. The pandemic has made life challenging and leading a single-mother family is not easy. Parents must balance employment and home life, provide for their children and keep them safe from dangers that seem ever-looming in a pandemic.

During this historic time, I am grateful to have had the opportunity to conduct research that captured the stories of single mothers to bring something good out of the darkness of the pandemic. I am grateful to have had the opportunity to play some small role in research that captured this experience that will forever be part of our national and global memory. The intent of this study, based on the narratives and told by the single mothers themselves, was to ensure that single mothers are better understood and become more than statistics or targets for relief packages. Helping these women come to life beyond the statistics and demographics matters to us as a people. Their lives matter, and we need to learn from these women who are doing some of the hardest work under the most strenuous circumstances as they help raise future generations.

In the next chapter of this study, I highlight the relevant literature on single mother families, the family meal discourse, single mother feeding work, and finally, COVID-19 impacts. For chapter three, I describe the methods I utilized and the thought process I went through to develop and execute the study. The fourth chapter contains the stories and data the single mothers generously provided for this study to illuminate their work feeding their families during the pandemic shutdowns. In the fifth chapter I share how these mothers changed my research from a study on feeding work to a study on family and feeding, and finally, what my hopes are for the future.

Chapter 2. Literature Review

The term “single mother” covers a spectrum of relational or status experiences for women. Single mothers have been identified as women living with their children with no father present (Kim & Gallien, 2014, p. 594) but, more broadly, single mothers may be “separated, divorced, never married, or widowed” (Neuman et al., 2019, p. 47). These women may have never been married, may have actively adopted, and/or or may have become “single mothers by choice” (Layne, 2015). Single mothers may be women living with a partner of any gender, and cohabitating couples now account for over thirty percent of single parents (see Livingston, 2018b, para. 2). For the purposes of this study, the term “single mothers” refers to adult women who are not married or partnered, but have dependent children living at home full- or part-time.

In the following review of literature, I examine the studies on single motherhood and explore the challenges they have faced in their feeding work, especially as it relates to employment. My intent is to elevate and expand our understanding of single-mother families away from the stereotypes of being impoverished and a burden on society. I explore the discourses and significance of the family meal and the pressures of the feeding work single mothers encounter. “Feeding work” is comprised of all the psychological and physical labor required to feed a family (Kinsler, 2017). I then describe how single-mother employment both supports and conflicts with feeding work. Additionally, I report on the feeding methods used by single mothers that they find manageable. Finally, I report on the pandemic and the destruction it has caused for so many, how the virus has strained single-mother families, and the agency and strategies the women used in response.

Single-mother-led families are modern families that should be recognized by policy makers, researchers, and the general populace in a way that places them alongside the traditional

nuclear family in research, in policy, and in conversations that are determinant or shape the national understanding of U.S. family demographics. Single-mother families are a significant part of our population, as determined by the virtue of their numbers and their substantive role in raising the country's children. According to the United States Census Bureau [USCB](2016), 8.5 million single mothers are the heads of households in the U.S. (para. 8). They are raising one fifth of the children in the U.S., with the numbers rising to nearly one quarter or close to 20 million children when cohabitating families are considered (Livingston, 2018b, para. 5).

According to these statistics, single mothers, whether cohabitating or solo, are raising nearly one in four children in the U.S., yet this is not widely known or acknowledged. Further, the reported number of children living with single mothers may not offer a complete picture of the number of children in single-mother homes. Livingston (2018a) proposed that the “share of children who will ever experience life with an unmarried parent is likely considerably higher” than reported, given the instability of marriages, and cohabitating relationships in particular (para. 5).

Single-mother households exist at all income levels, and while most of them are not living in poverty, they are “more likely than other household types to be in poverty” (Elliott et al., 2015, p. 353). In the U.S., one third, or 34 percent, of the households living in poverty were led by unmarried women in 2018, while well over half, or 58 percent, of the children living in poverty live in the homes of the unmarried women (Fins, 2019, p. 3). Several scholars consider single-mother families a vulnerable population that would benefit from support and resources to ensure the health and well-being of the family (Berge et al., 2013, p. 1632; Kalil & Ryan, 2010, p. 39). Additionally, single mothers need the opportunity for their concerns to be heard to ensure future solutions will meet their real-life needs. One category among those needs is that of feeding their families, the attention to which requires labor that is both challenging and ongoing.

Given the large amounts of time placed on single mothers by their jobs and extensive family responsibilities, single mothers are left with meager amounts of time for their feeding work (Jabs et al., 2007, p. 20). One study on low-income, employed mothers' meal preparation noted that time was a limiting factor and single mothers were among those who felt the greatest level of time scarcity (Jabs et al., 2007, p. 23). As employed single mothers finished their work day, many reported being mentally and physically drained (Bowen et al., 2014). A single mother shared her frustration that her job prevented her from making the dinners she would have liked to have fixed, "I just wish I had more time to be able to be like, 'Okay we're going to have this for dinner; we're going to eat at this time'" (Agrawal et al., 2018, p. 61). Providing a meal takes time. Planning, cooking, and cleaning up require investments of time and energy single mothers may seldom have, and particularly for single mothers, their resources are usually limited (Bowen et al., 2014, p. 22).

Recent studies on obesity have focused on single mothers and the meals they feed their families, or how the child's weight will be affected by living in a single-mother home. Obesity as a health concern is mentioned in multiple studies directed at single mothers and feeding (de Kramer, 2016; Schnettler et al., 2019; Sharif et al., 2017). There may be grounding to this concern in that childhood obesity has increased at a rate that suggests a correlation to the changes in family structure or increases in single-mother families and other family types (Augustine & Kimbro, 2017, p. 2278). Schmeer's (2012) findings among single-mother families showed Body Mass Index's (BMI) increased in nearly half of children at a time of normal BMI reduction (ages three to five), with stable single-mother homes and mothers who dissolved unions seeing the greatest BMI gains in children (p. 829). These studies, however, had not considered potential distal forces acting on the single mothers or the resources needed to alleviate family stress such

that the production of shared family meals becomes more tenable (Kinser & Denker, 2016). The struggles that single mothers are grappling with as they prepare family meals are rooted in a much larger discourse about family meals and I now turn to a discussion of that discourse.

Contending with Feeding Discourses

The family meal discourse suggests mothers are responsible to prepare nightly family meals (Kinser, 2017). As with most discourses, over time, the family meal discourse blended into society—“unquestioned,” and became part of our cultural imagery (Hunter & Dey, 2016, p. 43). In other words, mothers have been told for generations that they have the duty to feed the family. More recent literature emphasizing the discourse has encouraged “parents” to make family meals a priority to capture health benefits, but this directive to the family presumes that all fixes for a child’s development reside in the family and conceals the principal role thrust on mothers to manage the family meal labor (Kinser, 2012, p. 319, 321).

The last decade of research, according to Berge et al. (2013), has suggested that family meals improve adolescents diets, becoming a type of gold standard of family health and well-being, and functioning as a “protective for adolescent healthful eating behavior” (p. 1632; see also Kinser, 2017). Consequently, studies have used the family meal and its frequency as a measurement of healthy feeding practices for children (Sharif et al., 2017, p. 189). O’Driscoll (2015) maintained that all mothers are judged according to how they feed their children, or how often they feed their children family meals, but the support to help mothers accomplish their feeding work is lacking (p. 99; see also Kinser, 2012).

Commonly held perceptions of the family meal, Bowen et al. (2014) found, resembled more of an expensive hobby or a “foodie version” of the meal that was “nearly impossible” to manage, with expensive lean meat, fresh fruits and vegetables, and whole grains adding a costly

\$550 per-year, per-person to meal expenses (p. 23). However, the financial price of the meal only scratches the surface. Kinser (2017) called attention to the hidden time and labor women pay in feeding work, as the study described the constant “planning, shopping, . . . preparing, serving, cleaning, . . . and accommodating” of multiple diets and schedules the family meal entails (p. 36; see also Bowen et al., 2014, p. 22; Jabs et al., 2007, p. 23). The full cost of the family meal in time, money, and energy is arduous and providers would be benefitted if these true costs were more widely understood and mitigated.

In theory, providing the meals should be enough, but mothers may consider themselves failures and suffer from guilt if the food they provide is not optimal for the child or if the children have medical issues or other health concerns. In her autoethnographic work, Seher (2015) had fully expected to be able to breastfeed her child but the child’s health issues, coupled with life circumstances, made it impossible. Seher was so constrained by her failure to breastfeed that for several months the child’s health and her own mental state floundered (p. 17). In Seher’s case, breastfeeding is very much part and parcel with the feeding work mothers do, and her experience illustrates how deeply mothers have incorporated the idea that feeding children according to culturally prescribed standards is their duty.

Moreover, the discourse ties many dimensions of children’s health to the family meal and links negative health outcomes to maternal responsibility (Elliott et al., 2015, p. 367; Guignard, 2016, p. 61). Mothers, as Seher (2015) illustrated, internalize not only the responsibility for the meals, but also the consequent negative outcomes, independent of whether the mothers adequately fed their families or how disadvantaged the mothers were. Women have responded to the responsibility or perhaps to this blame by anxiously investing even more of themselves into meal provisioning. Hays (1996) was the first to identify and label the frenetic, guilt-laden work

expected of mothers as “intensive mothering.” Intensive mothering requires dedication to the child above all other potential demands on the mother’s time (p. 2). The intensive mothering work includes efforts by mothers to ensure proper feeding and good outcomes for their children, but it exacts a heavy price on working mothers. Finally, the family meal discourse continues to reinforce gender stereotypes and to define women as the principal caretakers for the family and home, notwithstanding the fact that women have jobs outside of the home that provide income “crucial to supporting their families” (National Women’s Law Center [NWLC], 2017, p. 1).

Mothers are also often left on their own to figure out how to manage the unruly load of employed work and family work.

Researchers have seemingly no end of praise for the prescriptive of the family meal. Multiple studies have shown that children are protected from many societal woes and health problems as family meals are eaten together (Jabs et al., 2007). Researchers Musick and Meier (2012), for example, found family meal frequency to be associated with lower “smoking, drinking, and depressive symptoms” for boys, while girls benefitted additionally from lower drug use, better grades, fewer signs of depression, and reductions of suicidal ideation (p. 478; see also Kinser, 2012). However, research has further shown that the mothers charged with providing the family meals face dilemmas and ordeals in their feeding work (Agrawal et al., 2018; Arnold, 2015; Bowen et al., 2014). Mothers often lacked the resources or the funds to prepare regular family meals. Middle-class mothers, for example, found the prescribed “utopian family meals nearly impossible to create” (Bowen et al., 2014, p. 25). In spite of the labor and other barriers mothers face to make family meals, researchers have continued to promote the idealized meal and to seek interventions that will generate more of them (Kinser 2012, 2017). Further, mothers themselves continue to invest their energies into the family meal as a panacea to protect their

children's futures. To “fend of downward mobility” they saw occurring in the middle-class, mothers in de Kramer 's (2016) study put their time and energy into “doing research on food, the industrial food system, stores, and prices” to afford the preferred and healthy foods, rather than turning to cheaper or less healthy foods (p. 34, 28).

Studies have shown that mothers, especially those in low-income groups—and this may have particular application for single mothers—face barriers to feeding their families such as securing foods that they prefer, and having the resources of money, time, and opportunity to provision meals (Bowen et al., 2014, p. 23; Jabs et al., 2007, p. 22). This may have particular application to single mothers. Low-income mothers who rely on government assistance may endure undue pressure and scrutiny in their feeding work. Mothers who participated in a study by Elliott and Bowen (2018) reported that in “social service programs,” their children's bodies were monitored at appointments related to their eligibility for government support and also in the schools; and if their “children's bodies deviated from growth curves” or if the mothers “failed to adhere to experts' feeding recommendation,” there were potential “risks” such as being shamed or even being officially charged with abuse (p. 510–1). One mother's story, in Elliott and Bowen (2018) reported that a doctor threatened to remove the woman's child when she switched from formula to milk (p. 510). This added scrutiny is blaming and burdening to all mothers.

Today, mothers' feeding work and home life dynamics are heavily influenced by employment. In decades past, as DeVault (1991) explained, meal times defined and shaped home life for the nuclear family (p. 90). Now, jobs and job schedules play larger roles in structuring family life. Consequently, the bulk of time and energy available in women's lives has shifted toward their jobs and away from family meals and feeding work. Slater et al. (2011) and Bauer et al. (2012) compared full-time parental employment with family meal frequency. Not

surprisingly, the reports concluded that full-time working mothers spent less time cooking and preparing food, resulting in fewer family meals and fewer nutritional foods being served (Bauer et al., 2012, p. 500; Slater et al., 2011, p. 410). Bauer et al. (2012) addressed the tensions or stresses that arose between work life and family life for married parents working full-time and found “higher work-life stress was associated with several less healthful family food environment characteristics and parental behaviors” (p. 500). In other words, the stress between work and family time is negatively impacting parents and meal provisioning. The reduction in family meals or at least in meals higher with better nutrition (Slater et al., 2011) may be problematic for families’ health, but the ability to regain those family meals may not reside within the family. Instead, it would benefit parents to have more resources and support for feeding work. In light of this broader understanding of the larger family meal discourse mothers generally face, and the ways in which employment influences family food provision, I return in what follows to feeding work in single-mother families specifically. In particular, I examine the work’s relationship to maternal employment, and the ways that single mothers engage challenges of that work.

Employment Impacts on Feeding Single-Mother Families

It is of interest to note that currently, a majority of single mothers, or over 75 percent, work to support their families (United States Bureau of Labor Statistics [USBLS], 2015). Kim and Gallien (2014) reported that over 70 percent of single mothers in their study participated in the work force (p. 598). Unfortunately, for many single mothers, their hard work involved low-wage jobs that were at times inadequate to sustain a home (Kalil & Ryan, 2010, p. 42; NWLC, 2017, p. 3), forcing some families to apply for needed government support. In 2005, the Personal Responsibility and Work Opportunity Reconciliation Act’s (PRWORA) added work

requirements for Temporary Assistance for Needy Families (TANF) recipients nudged more mothers into the work force (Kim & Gallien, 2014, p. 592), even if into low-income work. But the working environments and income associated with low-wage jobs are far from ideal. Single mothers and others would benefit from added resources like transportation and child care to reduce stressors associated with low wages (Agrawal et al., 2018, p. 63). Financial insecurity may seem like a problem specific to lower income single mothers, however, according to Layne (2015), middle-class single mothers by choice also regularly experienced financial anxiety (p. 1164). These reports could indicate that financial challenges and employment deficiencies are barriers for all mothers tasked with providing family meals.

Employment Complications of Feeding Work

Coordinating waged-work schedules and family feeding is complicated and challenging. Single mothers depend on their jobs to support their feeding work; however, job schedules can be unpredictable. Job schedules, according to Agrawal et al. (2018) impacted feeding work and noted that all participants, including the single mothers in the study, had to “change plans for feeding their children in response to unexpected day-to-day events,” including “working late” (p. 61). One single mother whose job frequently required her to “make last minute schedule changes” was fortunate to have child care providers able to feed her family when employment demands interfered with her family schedule (Agrawal et al., 2018, p. 61). But finding flexible child care providers can be difficult, though it is sometimes possible. Additionally, unpredictable work schedules may be more problematic for single mothers who need care givers able to accommodate the last-minute changes caused by sporadic job demands. Sporadic work schedules were found to be more common in “low-paying service sector jobs” (Agrawal et al., 2018, p. 64). Work also limited family time, as previously mentioned. Jabs et al. (2007) shared an account of a

single mother who made time to cook healthy meals for her family, but only on her days off, lacking time to “cook a dinner like that” on the days she worked (p. 22). Work schedules regularly set boundaries on the time mothers had to feed their children and uncertain schedules required mothers to seek out caregivers with flexibility.

Counting on Family Caregivers

There are several reasons that single mothers may use family members for child care, including flexibility, trust, accessibility, and affordability, but family help is statistically significant: “Children of single mothers were two to three times more likely to use non-parental child care, especially relative care” (Kim & Gallien, 2014, p. 598). Single mothers in a recent study used a network strategy to provide meals for their children. Agrawal et al. (2018) reported that a segment of mostly single mothers who labeled their network as a “bunch of people involved” that provided meals for their children, such as the children’s fathers, grandparents, and others (p. 62). A family network for child care may be helpful and financially expedient for single mothers who work outside of the home. Parents, however, as Agrawal et al. (2018) noted; were not always able to control the foods “other adults” fed their children and other adult feeding was not always consistent with the mothers’ preferences (p. 62). In a study by Neuman et al. (2019), grandparents received special mention for their child care work and their contributions to the diets of their grandchildren (p. 50). The multigenerational relationships provided special support for single-mother families. Though there may have been family communication about diets, the mothers were not always pleased with food the grandparents provided, but, as one single mother noted, “even if I don’t agree with the foods they feed him, I think that takes second place to how loved he feels” (p. 52).

Feeding Strategies: How Single Mothers Manage

Researchers have studied single mother feeding work to promote more frequent family meals which are intended to improve the health and well-being of these families (Schnettler et al., 2019, p. 336). Further studies have sought to identify interventions to promote family meals, and methods that can increase their frequency and nutritional value, especially among low-income and single-mother homes (Agrawal et al., 2018; Schnettler et al., 2019; Sharif et al., 2017). Schnettler et al.'s (2019) study of single-mother families noted that all family types fell short in nutritional intake and concluded that there was a “need to apply intervention strategies to improve the quality” of participants’ diets (p. 343). While Schnettler et al. (2019) was not specific regarding which interventions were needed, other literature has offered suggestions. Interviews conducted by Berge et al. (2013) to identify possible interventions, based on family type, suggested that single-mother families could benefit from “budgeting and low-cost meals” ideas (p. 1638). Yet, few of the studies addressed the barriers families and especially the single mothers in the studies faced in providing family meals.

Regardless of the difficult work involved in meal provisioning, single mothers valued family meals. Single mothers believed Berge et al. (2013) reported, that regular family meals provided healthy food, kept the family together, helped children “feel safe and protected,” and that missed meals with children were missed opportunities to express care” (p. 1635). Jabs et al. (2007) similarly reported that the single mothers in their study counted on the time they had with their families at meal times as check-ins to provide support, care for their children, and to build family bonds.

However, for busy single mothers with a family, routinely provisioning and serving such a meal is problematic. Making a family meal takes time and cooking skills and is labor-intensive

(Kinser, 2017). Single mothers have exhibited their desires to feed their families good meals and used various strategies to provide the family meal as their resources allowed. A single mother of three who participated in a study on time constraints around feeding work explained how this conflict impacted her ability to provide meals: “Sometimes I get home and I had planned on cooking and say, ‘Oh forget it, free for all’” (Jabs et al., 2007, p. 22). As previously mentioned, single mothers are stretched for time across employment demands and family care. As Kim & Gallien (2014) conveyed, “employed single-mother households, especially low-income households, may have limited options to balance between work and family” (p. 592). The work-family time conflict may explain why many single mothers reported reserving family meals for special occasions or meals for their days off due to constraints. One single mother echoed what many of the participants in the studies confessed, “You try your best . . . but sometimes it takes too long” (Jabs et al., 2007, p. 22). In a spirit of compromise, single mothers used strategies for feeding such as a combination of convenience foods, trying to eat healthy half of the time, or serving vegetables at least during the times they did cook a family meal, since they were not able to provide healthy meals all of the time (Agrawal et al., 2018, p. 62).

Many single mothers reported relying on convenience foods to provide meals, but labeled the food as “cheap,” “convenient,” and “fast” (Agrawal et al., 2018; Bowen et al., 2014; Jabs et al., 2007). However, the admissions of feeding their children fast, easy food often contained a lament that providing a good meal for themselves and their families was beyond them. “We don’t eat healthy food at family meals because the healthy stuff costs so much” (Berge et al., 2013, p. 1637). In other words, the single mothers interviewed in the research were unhappy that it was the unhealthy foods that were affordable and convenient. Jabs et al. (2007) reported that

participants felt ‘guilty about not cooking’” (p. 22). Eating cereal for dinner was not uncommon, “‘A lot of cereal, they [children] eat a lot of cereal’” (Agrawal et al., 2018, p. 61).

Other single mothers in the low-income bracket cooked to save money. A Black single mother cooked daily as a method to save money, acknowledging that cooking was tiresome but financially necessary: ‘If I don’t cook, then they’ll go out to eat,’ she said, ‘But then that’s wasting money’ (Bowen et al., 2014, p. 23). Another single mother budgeted her food stamps by dividing them into four stacks and designated one stack per week to buy the foods that her family could eat together, thus creating a family meal (Berge et al., 2013, p. 1637). When studies used personal interviews, the efforts the single mothers made to feed their families came through in the research, as well as the message that all of the single mothers, from middle-class to working-class, found the work of feeding difficult in almost any circumstance. Low-income mothers, Agrawal et al. (2018) found, often faced “trade-offs from preferred strategies” as they lacked resources and consistent work schedules that would allow them to plan and provide the foods of their choice (p. 65).

It is not surprising, under the strain of “work and family conflicts” (Kim & Gallien, 2014, p. 592) that, single mothers have shown resistance to traditional meal norms and to the family meal discourse. Their resistance may come from the work/home conflict for their time, especially for single working mothers who function as the sole or significant earner for the family (NWLC, 2017). They are managing a family on their own, have less time, and may be especially burdened by the dictates of the family meal discourse. More recently, single working mothers may feel more comfortable rejecting gendered stereotypical roles in their family management. One single mother expressed that while she didn’t cook for her family, she did provide a home, a good neighborhood, laughter, and a good relationship with her child (Neuman

et al., 2019, p. 53). Neuman et al. (2019), in a study that included single-father and single-mother feeding work, observed similarities in the parents' descriptions of their feeding practices, regardless of their gender, leading the researchers to conclude that "structural conditions rather than gender framed their food responsibilities" (p. 58). That is, as fathers and single fathers are breaking gender norms to become more engaged in feeding work, it is possible that single mothers are breaking gender norms and stepping away from feeding work. In particular, single mothers may be relaxing their provisioning of the family meal as a method of managing work and family schedules, which could lead to fewer family meals or perhaps less guilt-driven feeding work by single mothers (Neuman et al., 2019). This shift in the time and care single mothers give to nutritional meals will be important for researchers to follow, particularly if the feeding work is left unsupported.

A study that has been published since the pandemic began, Snuggs and McGregor (2020), explored the effects of COVID-19 on meal decisions and found that "parents and carers of children reported an increase in importance placed on family involvement in meal preparation and a decrease in importance on ease of preparation" (p. 5). The study was careful to acknowledge "the well-documented stress and pressure of parenting throughout lockdown which might feasibly impact family mealtimes," but did note that the steps toward family involvement in meals may indicate families used time in lockdown to bond in healthy ways (Snuggs & McGregor, 2020, p. 5).

Research is gradually shifting to qualitative studies able to focus on the lived experiences of single mothers, yet at the same time, those who have low-wage jobs or are unemployed remain the predominant subject of research. Kjellstrand and Harper (2012) expressed that statistically, higher numbers of single-mother households belong to middle or professional

classes, calling research on middle- and upper-class single mothers “rare” but still important and valuable (p. 324-325). Their point, that all single-mother families deserve to be understood, supports the growing consensus that research on single-mothers families must evolve. Past literature, at times, has come more from the mindset of monitoring a segment of the population that is stigmatized and receives government assistance (Kalil & Ryan, 2010; Livingston, 2018a), and this should move to *learning from* single mothers. Single-mother families may benefit from research that will inquire about their feeding work and their needs, including discovering barriers to their preferred feeding work (Jabs et al., 2007, p. 24) and listening to the single mothers identify the types of resources and support they need. Research should continue to understand the cultural shifts that have occurred and can help in identifying potentially damaging discourses.

The years 2020 and 2021 have emphasized the vulnerability and resilience among single-mother families. The COVID-19 virus has disrupted and damaged systems of commerce, education, and family. The vulnerability of single-mother families who are already stretched thin may feel the disruptions more acutely than other families. COVID-19 may test the resilience of single mothers to the breaking point. These families are significant and the pandemic provides a valuable opportunity for us to learn from them.

Emergence of COVID-19

COVID-19 emerged from China at the end of the year 2019. Reports of a “novel” coronavirus spreading across the globe reached the World Health Organization (WHO) 2020 on 31 December 2019 (para. 1). Reports of high morbidity rates and high numbers of people sickened by COVID-19 led countries to react with measures not seen since the Great Influenza of 1918. Early estimations suggested that COVID-19 could kill 1percent of the population and spread more readily than seasonal influenza. Compared to other countries, the U.S. was initially

slow to respond (Corley, 2020). China imposed lockdowns and began testing and contact tracing early while the U.S. watched and waited. Reports emerged in early 2020 from Europe and countries around the globe that COVID-19 had begun infecting their populations. Travel and social restrictions were put in place in mid-March in the U.S., but by then the disease had already taken hold. New York City (NYC) was an early hot spot in the U.S. The city reported 36,000 cases of COVID-19 on 30 March 2020, and just under 800 deaths (New York City [NYC] Health, 2020a). Two weeks later, the case count in NYC had rocketed to over 115,000 cases of COVID-19 and 7,500 confirmed deaths (NYC Health, 2020b). At this writing, on 30 March 2021, there are over 127 million cases of COVID-19 reported world-wide, with more than 2.7 million deaths—and climbing (European Centre for Disease Prevention and Control, n. d.), and the U.S. has had well over half a million deaths. There have been recent reasons to hope the virus' spread might end. U.S. approval has been granted for two COVID-19 vaccines, and a third is in production. On 14 December 2020, headlines flashed pictures of Sandra Lindsay, a nurse in New York City, receiving the first approved vaccine (Levenson, 2020). Since mid-December 2020, millions have received vaccinations and the vaccination rates have increased world-wide.

Attempts to Control COVID-19 with NPIs

The world similarly found itself in the grip of another pandemic during the 1918 Influenza outbreak that killed some 50 million people world-wide (Johnson & Mueller, 2002, p. 115). Like COVID-19, The Spanish Flu or Great Influenza had no cure and to stop the spread of the influenza, non-pharmaceutical intervention (NPI) methods such as “school closings, prohibitions on public gatherings, and quarantine/isolation” were used (Barro, 2020, p. 2). NPIs are designed to put barriers between infected people and the rest of the population to prevent or slow the disease's spread (Center for Disease Control and Prevention, 2020, para.1). In the early

stages of this study in 2020, NPIs were the only tools available to slow COVID-19 while we waited for vaccinations to help end the pandemic. In mid-March of 2020, multiple international and U.S. government-mandates initiated NPIs of “social distancing, avoiding unnecessary travel, and a ban on congregations” to stem the spread of the virus (Nicola et al., 2020, p. 185). NPI measures have helped slow COVID-19, but they have caused serious systemic side-effects of their own. Deploying NPIs required businesses to shutter, schools to close, and travel to be restricted. A devastating economic chain of events quickly followed the closures. A study completed in March 2020, in the very early stages of the shutdowns, raised alarms that every sector of the global economy would be negatively impacted (Nicola et al., 2020, p. 185). The prediction came true. Twenty-two million jobs were lost during the spring of 2020 (USBLS, 2020).

USBLS (2020) reported that “the unemployment rate in April and May 2020 was much higher than the rate in the Great Recession” (2020, para. 3), but the job losses were not evenly distributed, nor were they the only issue. Workers employed in low-income jobs faced the heaviest disruptions from COVID-19. Dey & Loewenstein (2020) issued a report stating that 20 percent of all workers were in job sectors “affected by the COVID-19 shutdowns” (p. 2) and the incomes of those workers represented “about 12 percent of wage earnings,” indicating that the highest job losses occurred in the low-income sector (p. 6). This sector included jobs necessary to “keep society functional” (Cubrich, 2020, p. S186), such as “farmworkers, delivery drivers, and Amazon warehouse workers” (p.S186). This job sector suffered a double blow. Workers who were able to retain such positions risked exposure to COVID-19 while they kept farms, factories, warehouses, and many service industry businesses functioning (Cubrich, 2020, p. S186.) The job losses and potential COVID-19 exposure at work made low-income jobs

problematic. The longer the virus maintains its grip, the greater its potential impact on low-income workers.

Impacts of NPIs on Women's Lives

Women, along with people of color, are overrepresented in low-income jobs (Ross & Bateman, 2019, p. 42). Fifty-four percent of low-wage workers are women, despite women comprising only 48 percent of all workers. (p. 42). In a recent report on unemployment, Karageorge (2020) disclosed that “the crisis has battered industry sectors in which women’s employment is more concentrated” (para. 2), meaning that women’s higher representation in low-income jobs during COVID-19 resulted in higher job losses for women than for men. Women suffered disproportionately from COVID-19 fall-out on the home front too. NPIs restricted child care options, and it was primarily mothers who stepped in to manage the new work/family balance during the pandemic.

A report by Power (2020) explained that working parents already were experiencing life as “overwhelming, lonely, and nonsensical” before COVID-19, with women carrying the heavier burden of family demands (p. 68). The pandemic made things much harder for working parents as schools and nurseries closed out of precaution or requirement (Power, 2020, p. 68). People were previously scrambling to maneuver their lives around NPI restrictions. Now, parents (read, mothers) were suddenly the primary carers of children, which required working mothers and single mothers, in particular, to make onerous choices between work and caring for family (Power, 2020, p. 69). In the professional sector, female college professors’ workloads increased markedly as college courses shifted to online, and female professors remained service-minded in their communities and engaged more with their students than their male counterparts (Shalaby et al., 2020). Shalaby et al. (2020) noted that those service investments could only be accomplished

by sacrificing time in research and teaching that will eventually cost these female professors in jobs and advancements. Women also comprise a significant portion of health care workers. A report from WHO (2019) stated that, globally, 70 percent of health workers are women (p.1). In the U.S., 75 percent of health care workers are women (USBLS, 2018, p. 51), potentially putting a disproportionately higher number of women on the front lines and at risk for exposure. In viral hotspots such as New York, finding child care for any working mothers proved difficult during lockdowns, and for mothers who were health care workers on the front lines of the pandemic, child care and family life were fraught. These mothers lived in fear of spreading the virus to their families and would sometimes stay away from their loved ones for days or weeks at a time to keep them safe (Cox, 2020, para. 7).

COVID-19 and NPIs placed mothers in uncharted territory. They lost their jobs (Karageorge, 2020), put their lives on the front lines of the fight against COVID-19 (Moloney, 2021), and shouldered much of the responsibility of child care and family life disruptions (Power, 2020). News outlets reported that since the pandemic struck, many mothers felt compelled to drop back from employment work so they could attend to managing family life, which is not surprising considering mothers already carry much of the feeding and caring work (Slater et al., 2011, p. 406).

As this thesis approaches submission concomitantly with the anniversary of the COVID-19 shutdown in mid-March 2020, this study is timely in examining the family and feeding work of a group of single mothers. The literature on single mother feeding work, as shown in this review, has focused primarily on vulnerable or low-income groups and issues of obesity or nutritional needs of those families. The difficulties of single mothers who are working and trying to feed their families were also described in the literature, as were studies on the family meal

discourse, as it relates to all mothers feeding, and then additionally, to the challenges the discourse presents to single mothers in their feeding work. Child care and time constraints were also described in the literature as they related to single mothers' feeding work. It was apparent from the literature, that there is very little research on white, middle-class single mothers and their experiences feeding their families. The purpose of this study is to share the family and feeding work of this marginalized group during the COVID-19 pandemic using the mothers' narratives. Learning about white, middle-class single mother experiences could prove valuable in gaining a better understanding of the types of families that are part of the fabric of the U.S. The universal elements of this study may help destigmatize single motherhood and explore the single mother family structure further. This study used qualitative research methods which are helpful for going deeper into problems and issues. This study also sets the tone for research that could help build data on barriers single mothers face in their work to feed their families healthy meals. There is to date, little data on the impacts that COVID-19 has had on meal provisioning during shutdowns. The purpose of this present study is to inform about the challenges single mothers have faced during this pandemic and how they used their agency and resilience in caring for their families during a world-wide pandemic.

Chapter 3. Methodology

My principal objective for this Institutional Review Board (IRB)-approved study was to examine the agentic work of single mothers feeding their families during COVID-19, exploring and to explore that work through the narratives of the mothers. I chose qualitative inquiry and semi-structured interviews to elicit their stories. Qualitative methods are by nature inductive (Charmaz, 2014, p. 15) and rely on interviews as a primary method of gathering data. Riese (2019) stated, “The aim of qualitative research is to gain an understanding of people’s realities” (p. 670). This speaks to the unique ability of qualitative methods to evoke stories. Further, personal interviews preserve the narrative of the participants in the context of their held values (Charmaz, 2014, p. 23). In other words, interviews allowed the single mothers’ actions to remain connected to the circumstances and beliefs that motivated their choices or ideas.

My interview method provided room for participants to narrate their lives during the pandemic in their own ways, even if that narration did not go in the direction I had intended. As I illustrate in the study findings, participants seemed to not think about, and did not talk about their feeding work except in ways that interwove it with other aspects of their lives, in ways that seemed more intricate than their pre-pandemic lives. The already blurred boundaries that help to distinguish the various elements of family life seemed to have been nearly erased by the restrictive and sometimes dire circumstances of the pandemic. As a result, when the participants answered my questions about food and meal provision, their responses encompassed a wide range of pandemic experiences that went well beyond feeding their families.

My approach to the study was to position single-mother-led homes as nurturing and viable, while acknowledging that they may experience unique challenges. They are not “broken” as the old adage of “broken homes” implies. I sought to approach single-mother homes as a

normative form of family, rejecting the nuclear family as a solitary type (Poveda et al., 2014, p. 323). Despite some mixed research results on the well-being of children from single-mother homes, based on their sheer numbers and prevalence in all income levels, these families should be considered normalized (Augustine & Kimbro, 2017, p. 2297; Golombok et al., 2016, p. 410; Malczyk & Lawson, 2017, p. 275). Additional research on single-mother experiences, as Golombok et al. (2016) suggested, will improve our knowledge of the relationships in these relevant family units.

Recruitment

Due to COVID-19 restrictions that began to take effect in mid-March of 2020, I conducted all recruiting online, from across the country, using flyers posted to social media sites (see Appendices A & B). Flyers were posted to the media outlets of Facebook, Instagram, and Pinterest. On Facebook, I posted study flyers on my personal timeline and, with permission, on timelines for single-mother groups and “how to feed your baby” groups. On Instagram and Pinterest, I shared the study flyers on my personal Instagram feed and to my Pinterest boards. To broaden the distribution of the flyers, I encouraged people in my contact groups to share the flyers with people they knew. Participants received a \$20 Visa gift card as compensation for contributing their time to the study. The primary source of recruitment came from flyers posted on Facebook. Most participants contacted me via Facebook messages or posts. Two single mothers contacted me by phone or email, reporting that friends encouraged them to volunteer for the study. No potential participants mentioned the flyers on Instagram and Pinterest; most likely they garnered no interest.

Participants

Participants were accepted into the study after self-reporting eligibility. Eligible participants were: (a) single mothers with children living in the home either part- or full-time; (b) 18 years of age or older; (c) residing in the U.S. and present in the U.S. during the interview and survey; and (d) able to be interviewed over the Zoom platform or participate in a phone interview. I accepted seven single mothers into the study as participants in the order that they contacted me. I emailed each participant information on the study, reiterating the qualifications for participation in the study, and requested a meeting time selected by the single mother if they were interested. The Informed Consent Document and a Zoom link were emailed to the women who responded with a meeting time and confirmed that they qualified for the study. As per IRB requirements, no interviews were conducted before the participants had the Informed Consent Document for at least 24 hours. Two women chose not to be interviewed. One woman sent a text a few minutes into the scheduled interview time saying that she had been called into work at the last minute and did not follow up later. I was disappointed, primarily because, from her profile photo, it seemed she may have provided racial diversity to the study. Time restrictions from her job and family may have prevented her from participating.

The majority of the participants' ages ranged from 36–45 years, with one mother being in the 46–55 age range, and one mother being 26–35. Collectively, the single mothers identified as White or Caucasian. Each participant had completed some college, with six of the women having four-year degrees, and two having some graduate school or a graduate degree. Four of the participants were from the south-east region of the U.S. Two participants lived in North Carolina, one participant lived in South Carolina, and the fourth participant lived in Louisiana. The final three participants were recruited from the west coast. They lived in Montana, California, and finally, Utah. The incomes of the participants varied. When the incomes were

adjusted for region using Bennett et al.'s (2020) calculations, four of the women had middle-wage incomes and three of the single mothers had low-wage incomes. Finally, five mothers had one child, and two mothers reported having two children. Of the nine children, seven of the children lived with the mother full-time.

Data Collection

I collected data using personal interviews, which Qu and Dumay (2011) allow have a “unique ability to uncover the private and sometimes incommunicable world of the interviewee” (p. 255). After each interview, participants answered survey questions that focused on demographic information, which allowed for an overarching view of the participants and their circumstances.

By the end of summer, when the interviews began, Zoom meetings had become widely familiar. In some small way, Zoom may have enhanced the interview experience for the single mothers, as they were in control of choosing the interview locations and times, and all of them chose to be interviewed at their homes. Ratislavová and Ratislav's (2014) work suggests that participants may feel more secure being in their own space and in responding at their own pace for interviews (p. 452).

Interviews

The interviews averaged one hour in length, with two minor technical issues emerging. The first was one of the mothers had a broken web camera so her interview did not have the benefit of mutual video. The second was intermittent frozen screens caused by internet instability. As per IRB protocol, the participants gave verbal consent to participate in the study during the recorded interviews.

I conducted the interviews using a semi-structured interview format (see Appendix C). This format provided focus on the mothers' feeding practices (McIntosh & Morse, 2015, p. 5), and proximate concerns such as work, time constraints on feeding, and "increased food insecurity" caused by COVID-19 (Wolfson & Leung, 2020, p. 1). Recruitment began the end of August 2020, five and a half months after COVID-19 caused business, education, and multiple other institutional shutdowns and made social distancing mandates necessary mid-March 2020. As I prepared for conducting the interviews through an online platform, I was concerned about the interactions during the interviews and wondered how the conversational flow would be impacted. Blee and Taylor (2002) reported that an interview is a guided conversation (p. 92), and it mattered a great deal to me to keep the interviews conversational and as comfortable for the participants as possible. I communicated my appreciation to the single mothers and my interest in their narratives as meaningful. My training in storytelling added to the design of the study, particularly in forming the interview schedule. I designed the questions to encourage the women to choose a meal and to describe the meal as a vignette or a story of that meal. I asked them for smells and sights and their movements. Using storytelling invited the participants to reconnect to their memories of the meals, which potentially provided more rich, nuanced descriptions of the meals during the interviews. Storytelling allows for more recall from participants to provide clear details because of the way story helps the brain understand and remember what it encounters (Ellis, 2012, p. 37).

The interviews were guided by key questions, keeping the interviews focused and giving the study overall consistency. Prompt questions provided flexibility to the interviews that allowed me to capture unique qualities and experiences from the single mothers, adding rigor and interest to the study. The semi-structured interview format helped me to gather information

and also generated “themes and categories for analysis,” adding depth to the findings (Blee & Taylor, 2002, p. 94). During the interview, the participants were asked to share narratives from two separate meals. The first meal was to have been prepared pre-COVID-19, while life still continued “normally.” The second meal was chosen by the single mother from any meal after COVID-19 restrictions were put into place. The interview was designed to guide the participants deeper and more broadly into the narratives of their feeding work. To that end, I asked them to share the stories of each of these meals. The participants, however, did not always stay on the topic of feeding in their answers and the participants often contextualized their stories of feeding work with their jobs, child care concerns, or they shared how they kept their children safe from COVID-19. I responded to this by ensuring that my questions asked about their feeding work more often. I will go into further the details of the way this changed the study in the Findings chapter and in the Discussion section.

Surveys

At the conclusion of the interviews, the participants were given a secure link to an online survey with an ID code to connect the surveys to the interviews during coding (see Appendix D). The survey collected demographic data on the number of children, ages of children, ethnicity, income levels, and support systems the single mothers utilized to provide meals for their family. The survey may have made it more comfortable for the participants to share sensitive are considered taboo topics in conversation. The demographic data compiled by the survey provided insights into the circumstances of the single mothers and offered additional context for their experiences. The survey and the interview data were combined for later coding and analysis.

Data Analysis

My first task was to capture and edit the data to protect the confidentiality of the participants. With one exception of a slight delay, the Zoom platform sent the transcript and interview recording data within hours of each interview. I downloaded the transcripts and interviews onto my personal, password-protected laptop and deleted the data from Zoom. I re-watched the Zoom videos of the interviews while I edited the transcripts for errors and removed any identifiers to prepare them for analysis. I replaced names with pseudonyms, deleted job titles, and changed city and place names. Each child's name was removed. Medical conditions, if mentioned, were deleted or changed in the transcripts. I collected the data from the online survey after participants had completed it. I transcribed the demographic information and deleted the files from the survey website. In all, I had over 200 single-spaced pages of condensed data in the transcripts for coding.

I had a number of methods to choose from for coding. I considered using computer software to assist me in the coding process, but in the end, I decided to code manually. I am more comfortable writing to help me internalize the data. For the first round of coding, I chose initial and gerund or "process coding" to identify strategies the single mothers implemented in their feeding work (Saldaña, 2016). According to Saldaña (2016), process coding and initial coding are often concurrent when looking at action and consequence (p. 73, 111). Process coding focused the analysis on actions from the interviews and revealed some of the ideals the mothers held in their feeding work. I used *in vivo* coding during the first round to discover meaning embedded in the specific language used by the participants (Saldaña, 2016). I marked in the manuscripts for *in vivo* codes and handwrote out initial and focused codes. Themes and concepts began to emerge as early as the second transcript I coded. I added a layer of writing to capture the emerging themes. This meant that I was capturing *in vivo* codes by marking in the transcripts,

focused and initial codes in by hand, and the themes by hand with a third process. The codes illustrated potential barriers created by COVID-19 shutdowns the participants faced that made creating and managing strategies for feeding necessary. I identified and sorted data by frequency with which topics appeared across all interviews. I used focused coding in the second round to analyze the codes from the initial round for relevance and comprehension (Charmaz, 2014, p. 140). During the second round of coding, I continued to use *in vivo* coding to preserve the essence of the original interview communications and to verify the findings from the first round (Saldaña, 2016, p. 71). In the third round, I focused primarily on codes related to feeding work to keep the analysis as close to the feeding work as possible.

Initially, I saw three themes emerge that formed the principle findings of the study. These were COVID-19 disruption at work; disruptions in family life, including feeding work; and disruptions generally to all aspects of the single mothers' lives. I began writing my findings. I soon realized that the coding revealed a single primary code that addressed single mothers feeding their families during COVID-19 shutdown: Disruption. COVID-19 had disrupted every aspect of their lives. I realized the breadth of the single code and began a focused coding from the themes and concepts I had already gleaned. My coding focused on feeding codes and feeding themes that had presented in the initial coding round. This time the feeding codes such as accessing food and budgeting in a pandemic were clear, but I was left with two additional codes with substantial data on employment and child care. I had to strip the feeding work of the single mothers from the other aspects of their lives for specificity and I chose to include the new data in the findings, which changed the study from being exclusively about feeding work to including family and feeding work. I ended formal coding with axial coding. This provided a guide for placing data with the single mothers' strategies for new ways of seeing what was happening in

the data and creating new categories of meaning (Charmaz, 2014). I address the richness of the mothers' experiences in the Findings chapter which follows.

Chapter 4. Findings

Life changed for most Americans as COVID-19 began sweeping through the U.S. State governments issued shutdowns to slow the spread of the contagion, closing businesses and implementing social distancing programs that were not easy or comfortable to live with. Initially, government instructions said not to wear masks, and to stay home, preserving the face mask supply for essential workers and first responders. By staying home, people lost access to their regular life. The shutdown was disruptive and isolating. The participants in this study reported feeling the disruptions and the sense of being closed off from life along with everyone else, and I suggest that as single mothers they felt it even more keenly. They were cut off from the social support systems such as child care and schooling for their children that allowed the participants time to work and time to take care of family issues.

I recruited the study participants through social media. I had designed the study to embrace a diverse group of single mothers and would have welcomed a diverse group to tell their stories. As it turned out, the women I was able to reach and who willingly responded to my advertisements were single, white, middle-class women with children. This demographic is underrepresented in research on single mothers and their contributions add depth to our understanding of their family type. Through their stories in the study, we see their resilient and agentic work to manage COVID-19 disruptions. Their narratives showed how they stretched beyond their normal capacities and flexed in new directions. For instance, in the midst of shutdowns, their family meal planning and budgeting had to account for food price increases and shortages. Participants made do with what they had to avoid places of viral exposure and even added precautions to their routines to keep their families safe. These women used tenacity and

wisdom, much of the time single-handedly, to ensure their families were cared for as the virus continued to spread across the globe.

Major findings for this study focus on family and feeding work of the single mothers, along with challenges participants faced and how they adjusted when COVID-19 shutdowns cut them off from the people they loved and/or counted on for child care. These challenges, and the strategies they used, are represented by the four major sections of the present chapter: the pillars of employment and social connection supporting single-mother family life, single mothers feeding the family with the complications of the pandemic, provisioning and preparing foods with constraints imposed by COVID-19 and eating together to build family. The participants' narratives indicated that although at times the mothers themselves and their families felt isolated during the pandemic, their feeding work was not an isolated compartment of their existence, but instead was intricately connected with all parts of their lives. That is, the mothers were only able to adequately narrate their feeding work in the contexts of their jobs, and of the friends, family, and other sources of child care that make up their social circles. Thus, the labor to provide meals must be situated amongst the child care and employment that make the participant's home life possible, showing that family life is enabled by paid employment and child care or schools for the children while the parent works. This indicates that single mothers organize or structure their family life on the three pillars of employment, social connections, and family life. Below, I first discuss single motherhood, then single-mother family structure. This lays the foundation for the participants' narratives and gives context to their feeding work which comprises the bulk of the study's findings.

Traditionally, the extensive labor of managing a family has been divided into two roles that are gendered, each with its own cultural expectations. Single parents meld the traditional

parental roles into one and then construct their own parental ideals, more independent of gender. Single parents do not choose which pieces of parenting suit them; there are simply things to be done and they must attend to the necessary tasks as they decide. Single parents, in caring for their family's needs must usually reach outside of their own households for assistance to maintain employment and care for children. Single mothers form their family structure to accommodate their role as a sole parent provider. The sole provider role is mainly concerned with the pillar of family life, which is anchored and supported by the pillars of employment and child care; this three-pillared structure helps make single-motherhood stable and manageable.

The Pillars of Employment and Social Connections: Supporting Single-Mother Family Life

The pillar of social connection comprised of multiple segments, including extended family relationships, friends, healthcare, schools, child care, various supplemental organizations and individuals. In creating their own unique pillar of social connections according to their needs and wants the mothers in this study selected from a menu of social options such as extended family and schools in various combinations as the participants needed them. Participants were most reliant on extended family, day care, and schools to support their employment that provided for themselves and their children. But when NPIs were put in place to slow the spread of the virus, the participants' individual households were severed and isolated from the larger culture.

Participants seemed overwhelmed by being severed from child care and family and regular work schedules due to COVID-19 shutdowns. The participants often referenced employment and child care, even though the interview questions were focused on feeding their families. Julia's response to a question about feeding her family provided a good example: "My job has allowed me to work from home and my baby is eight-months old. And I'm breastfeeding. So, not having to pump and not having to commute back and forth to the office has actually

made it a lot easier for me.” In this example, Julia framed “breastfeeding” and “not having to pump” with “work from home” and “not having to commute.” This exemplifies the way the feeding work existed in context with work and the care needs of children in the study. And while this may be true for other families, it is possible that during the pandemic the single mothers in the study held on tighter to and needed more their social connections and employment in order to sustain their families.

Social Connections: Single-Mother Support

The paid labor and the family management work these single mothers did was supported and enabled by social connections. In other words, social connections provided participants with career opportunities, educational opportunities for themselves and their children, and to fully engage as a parent. It is possible that their opportunities were enhanced proportionally to the social connections they were able to utilize. It is vital for future research to learn from the single mothers and give the mothers a platform to express the kinds and amounts of social connections that they need to thrive.

The COVID-19 shutdowns intentionally kept many people away from their social circles. Schools closed, businesses, including day care centers, shut down. Most churches and community organizations did not meet. Gyms, bars, and restaurants either closed or operated at reduced capacity. Participants indicated that the resulting stress of losing social connections had major impacts on their family management work and their own well-being. “It’s kind of me and [my son] against the world,” one participant, Tracy, said as she talked about needing a better support system.

The greater part of the participants noted the hardship of finding mother groups during COVID-19 shutdowns and social distancing. Heidi became a new mother near the beginning of

2020. Less than three months later, she was newly single. Heidi longed for a “platform for mothers, especially single mothers to be able to get their kids together. . . you know, free things, something like ‘this is a day when everybody goes to the park.’” Julia, another mom with a baby born just before the new year, had hoped to be spending time with mom groups. “We’ve done a couple of things with some mom groups in my town and we did one swimming lesson and he was nine weeks old,” she said. Then just as she had gotten comfortable taking her new baby on outings, her community went into lockdown. “I had visions of going to mom groups and him seeing other kids and playing,” she remembered. Now, she was no longer sure if the world she knew was “ever really going to come back.”

Social isolation curtailed more than participants’ relationships. Receiving medical care became problematic due to the virus. While many health profession employees saw sharp increases in their work hours as a consequence, others saw decreases in their hours because their work was not related to COVID-19 illness. Leslie, for example, lost no hours at her full-time job, but did lose hours at her part-time job in the medical field because “operating room procedures that were not medically necessary” were put on hold. Health facilities’ acute attention to COVID-19 also meant that a wide range of other health services were unavailable. Heidi experienced the medical restrictions as a worried mother. Her young child suffered from feeding issues and the doctor cancelled their appointment. Finding an appointment that fit her work schedule proved problematic for the concerned mother. Her baby was “starting solids” and Heidi felt she needed to get medical care to “continue feeding him properly.”

The participants had concerns for their children’s welfare, in light of their being shut off from social opportunities and loved ones. For Leslie, her worry stemmed from her teen son’s withdrawal after NPIs closed his school. He had been selected to direct the spring play but the

pandemic permanently ended his dreams. He withdrew to his room, barely ever coming out. Leslie bemoaned the school closures during the COVID-19 shutdown because “there just wasn’t really anything exciting going on in life” for him. Just as it had for Leslie’s son, life grew socially quiet for Lori. Lori and her five-year-old son took advantage of the week-day lunches sent out by bus from his school. Schools across the country sent out buses with free lunches or had lunch pick-up options for students who needed food. Lori and her son would walk up to the nearby bus stop for the lunch delivery. “It’s funny,” she said, “I think that I will remember those times, sitting outside with him and walking to the school bus, because it was really our only time like seeing other people or being outside.” For Erika, providing social interaction for her daughter was a more critical issue: “We have to have something or there’s going to be some serious side effects, just from her being isolated for too long,” she said.

Extended families played important roles in most of the participants’ lives for relationships and for caring work. Unfortunately, staying isolated meant cancelled dinners and cancelled social calls with friends and family. Participants may have felt the isolation acutely, as having smaller families may have made the isolation harder. Erika and Julia had family nearby and both took precautions to guard against COVID-19 exposure so that their families could gather. Erika and her sister also decided to create a social bubble to relieve the loneliness: “If we’re being careful, then we can come together and the kids can play.”

Extended family members also played crucial roles as caregivers for the participants. While many working mothers use family members for child care, the single mothers had fewer options when day care centers were closed. Lori’s parents lived nearby and cared for her son while she shopped, but only occasionally. She explained that her parents did not really let her lean on them for child care. They were available only for short amounts of time and they

conveyed at times, “Well, we’ve taken him twice this week, so. . . .” Heidi had a different experience when she used family for child care. She worked away from home and leaned quite heavily on them for child care. She recounted, “My aunt takes care of him for me while I’m at work,” so she was able to keep working.

Participants in the study frequently mentioned their children’s schools, but in a time of school closings, those descriptions focused on the schools’ function as caregivers rather than as places of learning. Leslie explained that after COVID-19 shut down her teenaged son’s school, “all of a sudden he was home all day.” Tracy likewise depended on school for her three-year-old son. At the time of our interview in late August, she related, “he’s back at school. I’m back at work.” But in the earlier part of the lockdowns, she struggled: “Towards May it was insanity, just trying to survive until school opened back up.” It is likely that Tracy continued to struggle with the gaps between school openings and closings and her ability to work, given that, since our interview, few schools remained open in any reliable way. Some schools used an alternating day schedule, in which the students attended two days a week and were home for three day. Half of the students attended at one time. Dawn, who has two children in school, was able to use the alternating-day schedule to her income-earning advantage. She related, “My oldest can take my youngest to school and pick him up,” which allowed her to work from home when she could and then to be at the office when required. “I can go in those two days, into the office, because my executive director wants us to be in the office 16 hours a week.” Lori, however, had received bad news from her son’s school. “He just started kindergarten two weeks ago,” she explained, “and then we got an email yesterday that they’re shutting down.” She added that she hoped the school would not be shut down for long. Single mothers lean on schools as socially acceptable and subsidized places that cared for their children and kept them safe while the mothers worked.

Many day care businesses were unavailable for much of the COVID-19 shutdown. Participants reported that in May or June 2020, the mandated shutdowns began to relax. Julia hired a nanny in May but had been cautious in the hiring process because of potentially exposing her family to the virus. Ultimately, she determined, “From a risk standpoint, I felt like I could really trust her.” For Tracy, returning to the office after lockdown required child care. “I’m in law enforcement,” she explained, “and sometimes I have a night shift so I have to get a sitter.” After lockdown restrictions loosened, Tracy used a babysitter to help her in other ways—to help her get caught up and deal with the stress of “single momhood,” as she called it. She was not the only single mother who used child care during the pandemic. Lori used day care when it was possible: “He still goes to day care sometimes,” she said. She was able to work from home but she worked with numbers and her job required very focused concentration. Her work and mental agility were impeded when her son remained home. But sending him to day care was also fraught:

Try imagining doing your taxes with your kid at home every day. . . It just doesn't work. And then my neighbor, she, I was talking to her about it and she told me that I was selfish for sending my son to day care and I should just be able to keep him at home while I work from home. She goes, ‘You work from home.’ ‘Yes! I work from home.’ That's the word. I WORK from home.

Lori’s aggravation at being judged while trying to keep her job was evident, but keeping her job was essential to their family.

Employment: The Cornerstone of Single-Mother Life

Employment, or securing income, is the life supply of family. Income procures tangible support, and it was a pillar of family structure for these single mothers. This is consistent with a

report from NWLC (2017) that “single mothers must earn a living in order to feed, clothe, house, and otherwise sustain themselves and their children” (p. 3). Though this study focused on feeding work, over half of the participants’ initial comments were about their jobs. Perhaps this was because they were following the tradition of conversations leading with “What do you do?” when introducing themselves for the first time. Or perhaps they talked about what weighed the heaviest on their minds—how to keep their jobs and simultaneously provide a rich childhood experience for their young. This was no different from what millions of others experienced during the pandemic. However, as the principal, and often the only, wage earners, their employment was necessarily foundational to their families. As Lori noted, “There’s no other source of income.” Julia echoed Lori but elaborated that there was no “husband’s job” to “fall back on.” “No, it’s just me,” she said. These mothers maintained their employment, but with no means of child care or other community support for their children in the COVID-19 shutdowns, the participants with young children felt they were in an untenable position: “You can have a job or you can have a kid,” Lori declared.

With the exception of one participant, the mothers in the study reported working full-time during the pandemic, though some of them lost between four to 10 hours of work, their hours remained in the range of full-time employment of approximately 40 hours. Heidi’s hours were reduced to 30-35 hours, which still remained near full-time employment. Five of the seven mothers worked from home with small children during the COVID-19 shutdowns. Julia’s baby was eight months old at the time of the interview. She loved having a baby, calling motherhood “a joyous thing in my life.” She managed her job and her growing boy alone for months, but at the end of May, she hired a nanny she felt she could trust to take social distancing seriously. Julia considered having a nanny a necessity and not convenience: “Trying to work and take care of a

baby was pretty much impossible,” she explained. “I just couldn't continue to work, and my mental health. It was too much.” Julia said, “I really needed to make sure that I was still . . . functioning at a high level in order to keep my job.” One of the other women, Dawn, a mother of two boys, had a seven-year-old son at home; the only care assistance she mentioned was having her older sixteen-year-old son babysit his younger sibling. The remaining three of the seven participants worked from home with their children but, with no one else to care for their children while they worked, problems mounted for them.

Tracy and Erika worked remotely during the COVID-19 shutdowns and Lori continued to work from home, but with their young children on hand. The pandemic closed in-person schooling and child-care centers, leaving the three mothers managing work and child care alone. They went to phenomenal lengths to separate their child care work from their jobs. All three women put together schedules and lessons for their young children to keep their youngsters busy while they had Zoom meetings or focused on their jobs. When Tracy's area went into lockdown, she was left with no child care and her son to care for while she worked. She attempted to extend her own “rigid” schedule to her three-year-old son, explaining, “I'm the type of person . . . who made the color-coded schedule initially.” The word “initially” indicated that things devolved for Tracy after she used a schedule for a child barely out of the toddler stage. Creating a schedule was a solution Lori attempted as well. She recounted the early time investment she made to keep her five-year-old on a schedule, “I started off, you know, being, *Oh, I'll create a schedule*, and I spent all night making a visual schedule for him and that kind of just went to pot in the day.” Erika, an online teacher, had the idea to set up separate work spaces for herself and her child. She set up the “kindergarten” lessons the school sent home on a desk not far from hers. But, like Tracy's and Lori's, Erika's solution saw limited or no success: “She's supposed to be doing this

whole science thing with colored pencils and then she's back there using her colored pencils with people and drawing out this whole story." These attempts illustrated some of the complexity that single mothers faced during COVID-19 shutdowns to manage their children's time and separate their children from their work life in order to both professionally succeed and personally care for their families.

Tracy wrestled between giving her son quality time and working from home during lockdown. She "started making his little sandwiches into stars and other little fun shapes" to make things nice for him at the start of the lockdown against COVID-19. She had given him her iPad to keep him busy while she was on Zoom meetings but knowing that he was on the iPad for an hour and a half made her feel guilty, and she was committed to limiting his iPad use. Tracy wanted him to have enriching experiences and she found activities to keep him busy on Pinterest, but she finally hit a wall: "Pinterest has only so many projects you can do with a three-year-old." Tracy laughed at the memory, saying, "I tried making it special. And then at about 31 days, I got on Amazon and ordered him an iPad." But school lessons, iPads, and Zoom meetings had their limits as well, and Tracy confronted what many mothers of school-aged children faced in 2020—the tension between persistent isolation and work/school intrusion in to family time, coupled with the exasperation of trying to constantly manage that tension. One day, as Tracy was attempting to set up her son's school work, she made a break from the pattern. "I looked at the lesson plan," she said, "It's farm animals." She turned to her son and said, "'Cow. 'Moo.' 'Okay, we did it.'" She proceeded to set up their inflatable pool: "We're just having a pool day." Tracy's narrative and the narratives of the other mothers revealed their great creativity and determination as they juggled work while they struggled at every step to give their children quality time.

Heidi and Tracy faced potential exposure to COVID-19 at their jobs. For Heidi, coming home from work was painful. She wanted to embrace her young son; however, she worked with the public and knew she could be covered in COVID-19 when she came home. “If I get home, and he realizes I’m home,” she explained, “I can’t pick him up. He has to wait another 20 minutes while I take a shower.” Heidi confided, “My scrubs could be carrying disease. So, yeah. It’s emotionally very, very hard.” Similarly, Tracy’s job in law enforcement put her at risk when she returned to work after the lockdown lifted. Her son had “a scare at his school” too. Tracy felt like she was “pulling him out constantly and having to take time off” to get tested and wait at home for the results before she could return to her job. “I’ve been exposed to COVID four times where I’ve had to bring him home, because then technically he’s exposed.” The concern and waits were stressful and perhaps made more difficult for single providers in isolation. Participant narratives illustrated working from home without access to child care was the most disruptive change to their jobs during COVID-19 shutdowns.

Single Mothers Feeding the Family: The Pandemic Makes it Complex

Feeding a family is vital and nurturing work, involving financing and shopping, planning and budgeting, as well as the cooking and cleaning involved in feeding work. Few people recognize the many moving parts of feeding work, nor do many consider that feeding a family is consistently mentally taxing. COVID-19 shutdowns and subsequent disruptions made the feeding work more difficult for people across the U.S. The single mothers in the study, however, operated with perhaps a smaller margin of error of resources than other families, which made consistency and dependability of any part of their feeding system all the more critical for their management of family life.

The participants in the study reported some of the difficulties and then the management choices they made for their families. The most salient findings related to how they planned meals around shifting food prices and food availability, navigated grocery stores, managed to make meals with what time and energy they had left after working all day and while they were cut off at times from the people who helped them with child care, such as schools, babysitters, day care centers, etc. To organize my findings here, I followed a summarized outline of the family meal labor identified in Kinser's (2017, p. 36) work articulating the labor required to provide such meals. The actual work required to prepare meals and feed a family has largely been invisible and underappreciated. Kinser (2017) built on DeVault's (1991) research that explored the work—serious work—required to provide family meals. Kinser (2017) reported:

Planning, shopping, scheduling, preparing, serving, navigating table interaction, cleaning, packing away, planning for the next meal, stocking supplemental ingredients, as well as knowing and accommodating family member diets, preferences, and allergies . . . and adjusting for multiple schedules emerging from divergent and demanding school, work, community, family, and extracurricular activities . . . constitute major, time-consuming, and exhausting involvements. (p. 36)

The labor Kinser (2107) outlines is exhausting, and yet provisioning the family meal remains the cultural ideal and the family meal ideology continues to drive the work many mothers do. While parents all across the U.S. work to feed their family, for the participants, they had an additional element of difficulty layered onto their feeding work—single mothers were “doing it alone” and paying for it alone. None of the participants in this study reported cohabitating with a partner they could share the work with, and only one participant reported living with another adult, who was an elderly grandmother.

Below, I discuss a few of the basic elements of the family meal as a means of analyzing the level of disruption COVID-19 presented to women. The image of the family meal is home-cooked, healthy food prepared by mother, who serves it at the dinner table for the whole family, all within a context of family bonding time. Many of the participants' comments indicated that providing a healthy meal was a goal that they aspired to and would have reached each night if they had more means and skills.

Feeding work begins with the planning and budgeting stage. As participants planned what to serve, they looked for meals that were easy, healthy, and would satisfy family (children's) preferences. Participants wanted meals that were budget-friendly too. The women reported that much of their planning work remained the same while social distancing measures were in place. The most notable changes were related to managing food costs and the added stress from COVID disruptions.

Meal Planning Labor

Participants used a variety of sources for meal ideas. They planned old family standards and searched the web for something new. They liked options that their children would eat and that qualified as "healthier." Leslie liked to plan her meals for the week and she also tended to "stock up on things" which helped her avoid standing in lines or having to "go to three more stores." Lori and Dawn's meal plans included shopping ahead to keep things for meals in their cupboards, but on a more catch-as-catch-can level. Unfortunately, Lori and Dawn expressed being stressed and unable to function the in same way they had before COVID-19. The extent of Dawn's planning during the shutdowns, for example, meant having "food in the house to be able to prepare." This did not commit her to making a specific meal on a designated night, or to cooking at all, for that matter. Lori's plan shared traits with Dawn's: "You want something at

your house, but not to the sense of like, ‘I’m planning my meals.’” She had been interested in a variety of cost-saving and time-saving meal ideas before the pandemic. Now, Lori lacked enthusiasm and remarked, “For the most part I think planning your meals almost does you in, in this particular period.”

The majority of the participants reported using social media primarily as a source for recipe or meal ideas. Pinterest received the most mentions. Dawn did not have much time for social media. She shared that she “will get on Pinterest occasionally” when she looked for recipes, but she did not belong to any groups on Facebook that would either “make her feel pressured and/or supported.” Her comment may have implied that it required mental energy that she did not have to engage with social media groups, even if they were supportive. Lori was also selective about social media and said she followed only a few select people on Instagram. She enjoyed the podcasts “Didn’t I Just Feed You?” and “Lazy Genius” that provided her with some feeding ideas and allowed her to listen to things she enjoyed. Erika and Julia, however, claimed to be consummate researchers on every topic from the flu vaccine to things that, according to Julia, “would boggle the mind.” Julia missed mom groups and called herself “a little of a vacuum” for picking up meal and snack tips from other mothers—when she could be with them in person. The participants mentioned that during COVID-19 shutdowns they missed getting ideas from other moms and getting cookbooks from the library when they looked for meals that fit their busy lifestyles.

Manageable Meal Prep. It was evident in the study data that the single mothers regularly dealt with time limitations. Most of the participants wanted meal options that fit their time budgets. Erika made taco salad, which her daughter loved. Erika described the taco salad as “quick and easy to cook.” Tracy agreed, “My time is very limited.” While Julia affirmed, “It’s

got to be fast and easy or else we don't have a lot of time keeping him busy while I'm doing the cooking stuff." She kept her son busy with "snacky things" on his tray while she was "rushing around making something fast." For Lori, pulling together what she called "component meals" were a win. She said, "It's just like, 'Okay, well, we have apples, we have yogurt, or we have crackers and we have nuts.'" Lori continued, "It's not what you would consider a meal . . . they're not supposed to go together but it is what it is, like an end of the week snack platter." She said this shift from making normal meals to "component meals" was the largest difference between how she fed her son during COVID-19 and how she fed him previously.

The act of meal planning proved problematic for some of the participants who were working full time and were already stretched thin for time. Lori worked from home and had a five-year-old child to feed. She explained, "Dinner comes every night but you just haven't thought of it until 5 o'clock." But even planning ahead did not ensure a meal was made. At times, the barrier to making a meal for the participants was exhaustion. Dawn, a single mother of two sons, said, "Yeah, I plan. I plan a lot because I'm a relatively organized person. . . . So, I'll plan and then it's like, 'No, I'm too tired [to make] that.'" Other times, COVID-19 confounded planning by making inaccessible many of the foods the mothers had routinely used in their homes. They struggled to find ingredients for meals that met their requirements: easy, budget-friendly, and nutritious. Even if the ingredients had been available to buy, they may have only been accessible in stores with no delivery or with no means for taking EBT (Electronic Benefit Transfer) cards as payment, where participants risked COVID-19 exposure to themselves or their children.

Ensuring Nutritional Content. Participants tried to encourage their children to eat healthy foods, but those efforts were not always successful. The single mothers tried including

healthy foods into their feeding plans such as fruits, vegetables, and lean meat. The babies were the almost the only children in the study who were reported to eat vegetables. Heidi indicated that her son was “transitioning to solid food” which meant she had to plan carefully and keep the healthy foods he was eating in stock: “The other day I was going through all the baby food we have,” Heidi shared, “We have a lot of fruit. We need more vegetables.” Heidi’s comment touched on a topic the majority of the mothers worried about—getting their children to *eat* their vegetables. Tracy’s son, who was three years old, had hit a turning point in eating habits—the toddler stage. She could no longer get her son to eat vegetables. She had even cut his vegetables into little shapes. She said, “It was just a waste of my time, and I ended up eating all of it.” She said now he’s learned to say “no” and won’t eat. Lori, on the other hand, did not describe her son as picky but voiced concerns that “he barely gets a vegetable.” This felt especially problematic for her in light of widespread health concerns during the pandemic: “I have guilt around the fact that I’m not pushing more vegetables, particularly now.” Participants concerned themselves with the foods their children would eat and tried sliding vegetables in as they could to follow the family meal ideals. The family meal discourse is a difficult ideology to contend with, however. Even though the health of a child is more often judged by the shape and look of the child and not the food or work the mother has provided to nourish the child (Elliott & Bowen, 2018, p. 506), participant efforts aligned with the family meal discourse as they strove to acquire the best possible foods to feed their children.

Tracy was not above deception to get her son to eat healthy foods and veggies. She revealed his chicken nuggets were “cauliflower and brown rice” while his macaroni and cheese had “pureed butternut squash or cauliflower mixed in with it.” Tracy continued, “My mom threatened to give him a real tater tot . . . and I was like, ‘Oh, no you don’t, because he thinks

they're made out of spinach and kale. Do not screw this up for me.” Erika exemplified the type of commitment and wasted salads that were necessary to get her daughter to begin eating the healthy vegetables. Erika packed her daughter’s lunch with determination and persistence. She explained, “I put salad in her lunch box every day. I mean every single day, like, for two years and then she started eating it.” de Kramer (2016) explained that in accepted middle-class mothering, rather than demand children eat what they are fed, “Children must be influenced to *want* to eat this way” (p. 32, italics in original). de Kramer (2016) further explained, this is not easy and “far from straightforward to get children to want to eat whole grains and organic vegetables” (p. 32).

Child and Parent Food Preferences. The single mothers cited family member’s and especially children’s preferences for certain foods as the guides for many of their meal decisions. The children’s input for food preferences were perhaps better understood as meal restrictions and determined what would not be eaten. Erika explained that she prepared the foods her “pretty picky” six-year-old daughter would eat: “I know the things that she’ll eat, and I’m not a cook.” Erika typically made things like spaghetti or chicken tenders to suit her daughter’s preferences. “I’m not going to put out time and effort into something that she’s not going to eat.” Erika did, however, give her daughter “cantaloupe and strawberries and maybe a little bit of salad” to provide more nutrient value. Lori, a mother of a five-year-old son, similarly shared, “I think my approach is more like making a list of . . . foods that I know he’ll eat, that I’ll eat, you know, that work for us.” Erika and Lori’s stories illustrated that their children’s preferences nearly dictated family meal choices. This prompted participants to look for meal plans that were easy, that would incorporate healthy foods, and would resemble a meal their children would typically eat. The participants also had what might be considered negative changes in their meal planning due

to the disruption of COVID-19 closures. The largest issues appeared to be exhaustion and stress that showed up in less deliberate healthy meal planning.

Meal Budgeting Labor

The participants filled out a brief online survey that gave them an opportunity to report their wages privately. The data from the survey identified that three out of the seven mothers lost a few work hours during the COVID-19 shutdown. They were fortunate. Nation-wide, millions had lost their jobs. This may have been frightening for mothers who were the sole source of income for their families. As Lori explained, “There is no other source of income. . . . It’s all on you.” To add to the financial losses, grocery stores experienced some food shortages and children were eating more meals at home, adding to the family food bill. Study participants contended with some or all of these variables. Lori, a single mother by choice, was working her way through graduate school while raising a young son. She reported almost never eating out to ensure that she could afford the foods she preferred for her son: “I receive food stamps so I don’t eat out. I’d rather budget what I have.” Fortunately for Heidi, who listed her annual income in the \$15,000-30,000 range, the same as Lori’s, she had her extended family to support her. In Heidi’s survey, she reported that she lost between 7 to 10 hours per week, a sizable sum that could devastate an already frugal budget. She did not mention the lost wages in the interview but she did share that she was fortunate to be living with her grandmother and had the additional support of extended family, which provided for herself and cared for her baby while she worked. “I’ve been very, very blessed,” she said.

The loss of work hours by the participants translated into lower budgets to cover food expenses that COVID-19 had managed to drive higher. The additional food expenses hit the single mothers from multiple directions. Erika and Leslie reported that the school closures left

their children at home snacking all day, which added to their food expenses. Leslie explained that after COVID shut her son's school down, "He wasn't eating lunch at school, so all of a sudden I had to provide another meal for him." Leslie's son lacked a schedule while schools were closed. Leslie said, "He would just eat when he felt like it." And Erika's six-year-old daughter kept busy while her mother worked by "foraging" for snacks all day. She said she was "definitely buying more" food. The added costs from the higher food prices combined with hours lost in employment may have prompted participants to look for ways to save money on food. Single mothers, as solo providers, may have felt the concern to budget more acutely than others.

Participants used leftovers more frequently as one of their coping strategies against the pandemic's financial and other disruptions. They cooked food in larger batches to stretch out over one or more meals, saving the single mothers from being stretched further themselves. They saved precious time and energy by cooking less often. To help her budget go further, Tracy described a strategy she had adopted: "What I've changed is making a big order on payday and then making that stretch out." She said, "It's been a lot of rice and beans; a lot of red beans and rice." For Julia, who had been in the habit of eating restaurant food rather than preparing meals, the COVID-19 lockdown in her area reminded her of the Depression stories her grandmother used to tell her. Julia did not need to budget but said the limited access to food brought on by COVID-19 made her "a little more economical, like trying to use everything in my pantry as opposed to, 'Oh, I feel like having Thai food.'" Julia noticed from her bank account that cooking at home saved her money. She tried to use meal planning to coordinate meal ideas "because I think it's made me less wasteful."

Leftovers also helped Tracy keep food on the table. She explained that her five-year-old son was picky with leftovers in particular, but with her more limited resources after the loss of

her husband and his income, she had become more attentive to avoiding food waste. “If it makes . . . six servings,” Tracy said, “I’m going to eat those six servings because I can’t afford to throw even one away now.” Lori echoed Tracy’s sentiment, commenting, “I definitely was spoiled in saying, ‘Oh, I don’t feel like this tonight. I don’t feel like eating whatever we made last night and having it tonight.’” Lori’s position changed to, “Well, we’re gonna suck it up and we’re going to eat it.” Lori also had an interesting take on food during COVID-19. She tried to save every dollar on food, but she made food safety a priority. She used a Sharpie marker to track when refrigerated foods had been opened. If Lori did not know when the food expired, she exclaimed, “I’ll throw it out,” because “I didn’t want the risk of us getting sick.”

Frozen foods, either cooked leftovers or frozen foods from the shops, were mentioned by more than half of the participants. Lori and Tracy at times had cooked in large batches and frozen left overs which saved them money and gave them more food security and ease. Julia reported that after she had her son, “There wasn’t a lot of planning going on. It was really just like, ‘Let’s open the cupboard or open the freezer and see if there’s anything in there that is easy and fast.’” For Leslie as well, the freezer provided a way to stock up and keep foods on hand. Additionally, Lori and Tracy reported making food up ahead of time and storing it to make meal preparations faster. Lori reflected that she “would just cook a bunch of chicken”—if she could find it during COVID-19 meat scarcities. Lori then froze the cooked chicken in cubes and then she “would just add things to it” for fast and easy dinners. The freezer supplies allowed the mothers to have easy meal options and secure supplies in the middle of shutdowns. At that time when food had become more expensive from children eating all their meals at home, shortages created by panic buying, and a disrupted supply system, freezing foods, using leftovers, and finding more budget-friendly foods helped the single mothers offset extra food costs.

Provisioning and Preparing: Food Constraints Imposed by COVID-19

At the outset of the virus at the beginning of 2020, life continued in normal patterns for a while. By March, COVID-19 cases were reported across the U.S. and closures and shutdowns were imminent. NPI implements and rising COVID-19 cases made people afraid (Carroll, 2020). People flocked to the stores and targeted items, like toilet paper and hand sanitizer, disappeared. Particular food items were more expensive or unavailable, or there were challenges accessing foods.

Risking Exposure to Acquire Food

Beginning in mid-March 2020, NPIs were put in place around the U.S. Tracy reported that her area went into a “full lockdown” beginning at the end of March 2020. For three months, they were only allowed to go out for food or medical help. Julia also said her area had “stay-at-home orders” and had been one of the areas “slowest to reopen.” Other participants lived in sections of the U.S. with less strenuous measures, where shutdowns were either mandated or encouraged. The lockdowns and shutdowns refashioned or interrupted family patterns of securing food. Participants had to consider their options for accessing food carefully to remain safe. Grocery stores stayed open and adapted safety precautions to protect shoppers and employees. COVID-19 temporarily took dining out off of the list of eating options. Restaurants with indoor dining were predominantly closed or avoided. This is consistent with reports from the participants that they reduced the number of meals from any restaurant or completely avoided eating out in the early stages of COVID-19. Fast-food restaurants fared much better than dine-in restaurants. However, in the early days of the pandemic, even drive-up windows and take-out food was avoided. Heidi reported via survey that she had eaten take-out or fast-food 25 to 30 times per month before COVID-19, but her visits to drive-thru windows dropped to 5-10 visits

per month after the shutdowns were put in place. Similarly, Julia stopped eating at restaurants or getting food-to-go: “Initially, when all this happened, I wouldn’t even eat take-out food. I was very paranoid because we didn’t really know how it was transmitted.” Between the time of the shutdowns in March 2020 and the time for the interview in September of 2020, she had gotten take-out about four times. The shutdown strictures and the precautions the participants took to avoid COVID-19 actualized some barriers to food.

Grocery Stores as Places of both Risk and Provisions. COVID-19 made the participants wary of going into the stores. This may be the single greatest disruption caused by COVID-19, and the most carefully negotiated dimension of the feeding work of these women. Grocery stores have been safe spaces and have essentially been the only sources of food and essential supplies for U.S. consumers for generations. The introduction and spread of COVID-19 turned the stores that have fortified the U.S. into places of risk and danger. The majority of participants dramatically altered their interface with grocery stores to avoid the risk of contracting COVID-19. Even so, people still had to maneuver through the dangers of COVID-19 to procure food and this was a tremendous stress on their lives. As the virus began to spread, many of the participants stopped shopping at grocery stores that did not offer delivery. To protect themselves, they limited trips to the grocery stores or did without if they could. They hesitated to take their children into the stores. Instead, if they could, they left their children with family or with sitters, though such options were extremely limited across the country for many or even most families during the pandemic.

Lori kept repeating, “You shouldn’t to go to the store. You shouldn’t go to the store.” Every trip to grocery store was stressful for her. She kept thinking, “Well, I hope I don’t get something.” For Heidi, she used a careful approach to shopping. She wanted the least amount of

time and “the smallest amount of exposure possible” in a grocery store. She said, “We have to sit down and plan and figure out . . . exactly what we need for the week.” Many Americans were going through this stress, but it is vital to remember that all of these single mothers were primarily working full-time and had very busy lives and were responsible for providing for their children. During this time, there were periods when almost no support or child care was available. For the mothers cut off from child care, the added stress of COVID-19 shutdowns and concerns about contracting the diseases added another layer of difficulty to their feeding work. The above quotes from Heidi and Lori, while they express concern, are not able to convey the seriousness of concern most of the single mothers expressed during the interviews about COVID-19. In Heidi’s example, she described layers of protection she had in place to guard the baby against the virus. She had family members care for the baby while she shopped or ran errands so that he never had to go out, and she carefully planned her shopping in order to limit her own trips to buy food to limit her own exposure. Lastly, she gave two detailed accounts of coming home from work, feeling like she could be covered with the virus and the turmoil it brought her, she said, “I can’t come home and pick up my baby.” Heidi kept sanitizing wipes and hand sanitizer in her car, “I’ll actually sanitize my face, neck, chest, and arms on the way home from work.” When she did arrive home, she said, “I take off my scrub top and scrub my hands again at the scene . . . I have to make sure that I’ve fully cleansed myself as much as I can before I can even pick up my child. Yeah. And that’s really hard.”

The dangers presented by the virus were enough to make the mothers change their routines and avoid their favorite shops. The majority of participants voiced their trepidations about going to the store, whether their children were with them or not. As single mothers, they did not always have the option of leaving the child in another’s care. Tracy preferred “healthy

and organic” foods and Trader Joe’s had been one of her “primary stores,” but she demurred going after the pandemic outbreak. Her explanation was simple: “Trader Joe’s never does pick up or delivery.” From Tracy’s perspective, letting go of “organic grass fed 99% lean beef” and settling for a store that delivered regular “94%” beef was worthwhile. Julia also stopped going to Trader Joe’s for similar reasons. For Erika, taking her daughter shopping created a special issue. Her six-year-old daughter had sensitivity issues that prevented her from initially being able to wear a mask. Gradually, Erika helped her daughter to wear a mask, but even with the mask on, there were still risks. Erika explained, “I was scared she was gonna be touching things and getting sick herself, or she was going to be spreading it.”

Erika settled for “bananas and oranges and apples” from a store that offered delivery rather than continuing to shop at Ingles that carried the pre-sliced strawberries and other fruits her daughter preferred but could not get delivered. Erika reasoned that the apples and oranges “traveled better and didn’t get all mushy or just gross or already moldy.”

Other participants were extremely careful to keep their children away from the grocery store as well. “I’ve only been back twice since March, both times without my son,” Tracy expressed; she continued that she was still not comfortable bringing a three-year-old into a store. For Lori, her son added an element of stress. She explained, “[We] put on our masks and then we have to wash our hands. My son hates washing his hands He doesn’t mind wearing a mask at all, but you know, he hates washing his hands and so the more that we can limit that the better.” From Heidi’s point of view, life in the middle of a pandemic was disappointing. She had hoped things would be normal as she raised her son, instead she was coping with a pandemic while he quickly grew up. She said that shopping for groceries “wasn’t something that you had to think about before. [My son] could just go everywhere with me.”

Heidi kept her baby safe from COVID-19 by leaving him at home with her grandmother. She timed her errands around her son. “I have to plan all our errands, all grocery shopping around his nap times,” she said, “so that he can stay here, and I know he’s safe.” Likewise, Julia’s approach was to shop while staying safe at home with her baby son. Her approach was more high-tech: “I don’t know if you’ve ever used the Amazon app to shop at Whole Foods, but you can basically refill your cart with stuff you’ve already purchased and not have to think about it.” She explained, “COVID, I think, has made it so I’ve had to plan ahead.” Julia concluded, “Before, I could have just popped him in the car seat and gone to Safeway.” These stories may not sound much different from millions of parents, but the participants’ unique dependence on child care should be kept in mind while reading their accounts.

Lesli and Erika’s stories brought up two additional issues with shopping for food. Leslie recounted the long lines and social distancing practices at the stores that made shopping uncomfortable. “I remember going to Costco,” Leslie said, “having to stand in line . . . six feet apart . . . they only let so many people in and they would count and they would have a board outside of what things they were out of.” Leslie shared, “I was proud that I never had to go and stand in line for toilet paper at Costco cause I already had a supply.” Erika, however brought up a shopping risk that extended beyond the store. COVID-19 may have accompanied shoppers home. Erika addressed the fears that people could become sick from touching surfaces like groceries. Erika conveyed, “At first, you’re wondering, like, ‘Well, gosh, should I be wiping this stuff down? How should I handle this?’” Fortunately, both issues have become resolved. The stores at this date are not experiencing shortages and wiping down groceries is no longer encouraged. Careful and regular handwashing continues to be encouraged along with wearing masks anywhere in public.

Delivery Costs. After COVID-19 was recognized as a verifiable danger, participants began avoiding the grocery store and avoided taking their young children into the stores. Fortunately, some stores had already begun grocery delivery services and the participants began paying to have their food delivered, if they had access and funds. Erika and Julia had begun using grocery delivery services before the COVID-19 shutdowns. For Tracy, grocery delivery service became routine after the lockdown in her area, though she felt the delivery costs in her budget. She had started cooking at home instead of eating out because it saved her money. “But then in turn,” Tracy said, “that money is going towards delivery, you know, grocery delivery.” For Lori, she lived in a rural location and did not have access to grocery delivery, “which would be helpful, if you have the money.” The most significant finding for provisioning food was the disruption and fear COVID-19 caused for mothers trying to feed their families and the strategies they used to manage the disruption. Participants reported that to buy food, they relied on delivery services, careful distancing at grocery stores while wearing mask, and shopping without their children as much as possible as their primary means of protection from the COVID-19 threat.

Navigating Reduced and Restricted Food Access

Once participants had adapted their meal plans and budgets and access to food amid pandemic strictures, there were still issues with food availability. “You just didn’t know what food is going to be there,” Lori lamented. Several of the mothers reported that they were paying more for meat during the pandemic, and meat wasn’t always available, or not the meat they typically purchased.

Lori and Heidi reported the lowest annual wages in the same demographic, but their experiences finding food during the pandemic were very different. For Lori, efforts to find foods that were approved for use with her government assistance funds—Supplemental Nutrition

Program (SNAP) and Women, Infants, and Children (WIC)—were fraught with issues: “You can't do grocery pick up with WIC,” Lori explained. “You have to go into the stores.” Lori was referring to the practice of grocery stores providing, on a large scale, online shopping coupled with grocery store curbside pickup to reduce COVID-19 exposure. However, they had not yet developed a system whereby customers could pay for groceries using the EBT cards used for government-assisted purchases. For many months then, not being able to use EBT cards for curbside pickup meant that lower-income families were forced into increased exposure. They were dependent on EBT cards to be able to feed their families so they had to go inside the stores. Another barrier for lower-income families related to the problem of food shortages compounded by the restrictions on what foods were approved for purchase with WIC funds. When WIC foods ran out at one shop, Lori reported that she and other WIC recipients had to “go to multiple stores,” and, it should be noted, go *inside* each of those stores, sometimes with their children in tow, to find the approved foods. Many people in the pandemic could relate to Lori's predicament, but Lori was unable to find ready child care in the midst of shutdowns. “That's problematic,” Lori said, for her, as a single mother by choice, “You can't just say, ‘Oh, here, just watch the kids while I go to the grocery store.’” Lori was able to rely on her parents for brief periods of time to watch her son. Before the COVID-19 shutdowns, she used the brief moments to catch her breath. During shutdowns, she used the time to shop without her young son, to protect him. Lori faced further complications feeding her son. The rare window of opportunity to obtain food and the availability of food did not always line up. She recounted a shopping trip to Walmart for food: “There was no produce. . . There was no dairy. . . There was nothing there.” Lori remembered thinking, “Well, that was my one day a week to shop.” Lori returned home and had to explain to her five-year-old son, “We won't have milk for a couple of days.”

For Heidi, her experiences with food availability were not without problems, but her family made meaningful contributions. She lived with her grandmother and had a close extended family. Heidi and her extended family teamed up to feed her son: “My family and I have made sure that he’s got what he needs nutrition wise.” Heidi’s son required special formula that was new on the market, which Heidi ordered online to save money. Shopping online meant additional time spent tracking down the best price and then waiting for the formula delivery. “It’s only available at certain retailers,” Heidi continued, “I . . . have to comparison shop every time we have to order it, to see which website it’s cheaper on, now.” COVID-19 shutdowns had caused delivery delays and Heidi couldn’t go without if she could help it. Untold numbers of products were either completely unavailable or on extended backorder because plants and industries, and their products or goods, were shut down across the country. When products were available for online ordering, their delivery was delayed—sometimes for months. Because stores of every kind were shut down, people resorted to ordering innumerable products online and having them delivered to their homes. The U.S. Postal Service, FedEx, UPS, and other delivery services were overwhelmed with demand. Heidi’s extended family stepped in. She related, “I had to call . . . my aunt, and I’m like, ‘Hey, could you possibly run to Target or Publix and grab his formula because our delivery’s going to be late.’” Heidi was fortunate to have a supportive family to help her when food availability challenged her.

Preparing Food when Time and Energy are Constricted

These disruptions to accessing food during COVID-19 caused additional problems. By the time the participants got to the point in the feeding work where they cooked, they had already gotten through the budget, planning a meal their child would eat—hopefully healthy; making sure that their choice of meals was something that they were able to cook; the shopping; the

putting away; and perhaps even “wiping down” groceries as Erika mentioned. Then the participants were faced with finding the time and energy to cook the meal they had planned. When dinner time came, participants reported reverting to “Plan B” at times and chose something else to make that was easier.

None of the participants gave very detailed accounts of their cooking. With two exceptions, the narratives were more “matter-of-fact” accounts of single mothers attending to a chore than they were narratives from a person enjoying the cooking. When I asked Erika to describe a meal she had made, her description of making chicken tenders was brief. She responded, “Well, last night we had chicken tenders, of course I had marinated it beforehand. Milk and eggs and then [I] dipped it in breadcrumbs to fry it.”

Leslie described an “old family recipe” that her family has been making since she “was a kid” called Chicken Rolls. She used “cooked chicken,” which she had either cooked herself in her Instant Pot or she used a rotisserie chicken from Costco. Then she used “Pillsbury crescent rolls that come in a can” and “milk and cream of chicken soup.” Leslie related the planning involved and the work gathering the ingredients without going into any story about actually making the Chicken Rolls. As participants, Erika and Leslie were outliers as they reported very little interference caused by COVID-19. They continued to prepare and serve the same foods as they had prior to COVID-19 shutdowns.

Tracy gave the most detailed description of a meal. With a twinkle in her eye and a soft chuckle, she recounted the meal she had “cooked:” “I opened a bag of shredded lettuce. I opened a bag of shredded cheese, premade guacamole, sour cream, cut up some tomatoes, and then [I] just [put] some ground beef in the pan with the McCormick seasoning in it.” Tracy had used premade foods, needing to cook only part of the meal. This gave her “an extra hour” to play with

her son. Likewise, Julia made “pre-packaged fettuccine.” Julia explained, “You just put the frozen pasta and little cubes of sauce in a pan, and you just stir it. And then it's done. And then I made peas.” She served cottage cheese, and “some sweet potato” that she had “pureed and frozen” herself for a nice meal for herself and her child. Before her baby, Julia used to go to “fancy restaurants” or grabbed take-out for dinner instead of cooking. Julia even joked that her nieces would make fun of her. “All I had in my refrigerator was like pickles and white wine.” Having a baby and the pandemic changed Julia’s ideas about cooking. Julia went from living with an empty fridge to making dinners and at one point had even thought that she “was going to be making all of his baby food.” She added, “I have all the equipment.” Heidi also had a baby boy, but she had a different reason for learning to cook. She and her son lived with her grandmother and Heidi had begun replacing her grandmother as the cook for the Sunday dinners with extended family. Her family had relied on traditional dishes that were planned out in advance. Heidi found she needed to learn new dishes when meat became scarce and higher prices complicated making the family’s traditional dishes. “I’d go to the store,” Heidi said, “and it’s like, ‘Okay, this is what meat’s available. So, we’re going to make do with this.’” She was able to get away with cooking new dishes while COVID-19 was causing shortages. The day before the interview she had served Chicken Parmesan “for the first time ever.” She continued, “Now that food is more readily available, then it’s just creativity causing me to change things.”

By the end of a work day, not many of the participants had energy to make dinner, especially the women who had a small child. Lori worked at home during the shutdowns and cared for her small son. When it came time for dinner Lori kept their meals simple. “You are just over it.” She continued to explain how many of her evening meal plans evolved, “You’re over the cooking. . . . The amount of times I’ll say to him, ‘Yep, we’re gonna have a lazy meal.’”

“Because I just, I’m tired and you know, again, I don’t feel like going to the store.” Even Julia, who has a nanny to help with her eight-month-old son, found that working all day and taking care of her son was enough. Julia said, “I don’t know if I have the energy left after working all day and then nursing him and running back and forth.”

The participants sometimes seemed driven by both love and guilt in their provisioning work. Erika invoked a phrase from “intensive mothering” (Hays, 1996). Erika stated, “I put my daughter first with everything.” Tracy exhibited the same full-hearted sentiment in her own way when she narrated an evening scene with her son:

The guilt of, you know, I get home with him at 6 o’clock [p.m.] and I try to cook. I have to do laundry, I’m still on the phone with work and I see him just sitting there. [He says] “Mommy, play with me.” “Okay, five minutes.” You know, I gotta load the dishwasher. “Mommy, play with me.” “Five minutes.” You know I gotta, let me change out of [these clothes].” “Okay, let me play with you real quick.” Now I gotta do this, you know, trying to find the balance of it all.

Tracy was not alone when she agonized over being too busy to spend time with her child and the family management work that had to be done. The scene was played out with frequency for the participants who cared for their children by feeding them, nurturing them, and tending to their every need. Feeding work was time consuming and required the focus of the provider, and such focus was often waning at the end of the work day.

The narratives of the participants conveyed a surprisingly practical approach to meal preparations. It is possible that while the women continued to hold up the family meal as an ideal, as indicated in their narratives, their actual feeding labor, as also reported in their narratives, may indicate a shift in level of responsibility they felt in relation to the ideal. They

may have acknowledged that for the day-to-day meals, it is not feasible or needful for them to perform the idealized family meal labor. Perhaps they adapted something close to a new mantra. Instead of “Breast is best,” as most new mothers hear, Heidi shared, “Fed is best,” her own version of Kinser & Denker’s (2016) idea of “feeding without apology.” The narratives of the participants included delight at having an extra hour to play with their child instead of spending the time cooking. They saved the family meal for Sundays, or cooked portions of the meals and used prepared foods to supplement their meals. They added take-out and fast-food to their weekly menus or used whatever was in the cupboard.

Eating Together: Building Family

Taking the time to eat, gathered around the table for dinner, may have changed for some families since the COVID-19 shutdowns. For people who continued leaving for work and returning home, the daily routine may not have changed very much. However, for parents working at home and caring for young children or children attempting online school, by dinner time, they had been together all day. The stress of the day may have been overwhelming. The purpose to come together for a meal stayed the same though. Many families came together to eat, to connect, to show love and other emotion, and for parents to establish expected behavior.

Negotiating Connectedness at Meals

The single mothers described how their families gathered together. The meal was served. The participants had small gatherings. Leslie had a teenage son that she cooked for and tried to connect with over dinner, even if they ate at the bar in their kitchen. “I don’t really set a table,” she shared. Leslie continued, “I wanted the meal time. Not only to feed him but just also to have this . . . time to talk and interact.” For Erika, having her six-year-old daughter help set the table

for dinner and then pray was important to her: “I tell her when it’s time to eat and she gets her own plate.” Erika continued, “I put [dinner] on the table, and then we eat. We eat together at the table. We always pray first.” Erika described a family meal where the food is home cooked by mother, eaten together as a family at the table, and the child is taught to pray as a protection against harm. Erika’s narrative suggested an American idealized family meal and the table is the gathering place.

The table is a powerful symbol and the families in the study were drawn to it. Julia and Heidi were training their babies to follow the pattern, but it was awkward with babies. For Julia, “It is sort of a little disjointed.” Heidi was more direct: “It’s really hard having a seven-month-old sit and eat together.” For Lori, her home had no room for a table, but they did their best. “My place doesn’t really have much room for anybody else,” she explained. “We eat outside at the kid’s table or we eat on the floor, so those are the two options.” Tracy, however, narrated a moment at the table when her three-year-old son was building his own little tacos and feeding himself and making a mess. Tracy said, “It’s cute . . . he tries to figure it out . . . and then he rolls it . . . and then he’ll try to shove the whole thing in his mouth . . . and it’s going everywhere. . . . But you know, he’s having a good time.” “It’s amazing,” Tracy recounted happy moments with her son, “Just little conversations that are, you know, what a three-year-old thinks.”

Not every dinner time yielded pleasant conversations between the mothers and their children. It may be possible that the smaller families had a more difficult time keeping conversations vibrant. I previously related Erika’s depiction of her daughter getting her own plate for the table and then praying with her mother. Erika also said that her daughter was a “typical child” and when Erika asked her about her day at school, the daughter’s response was, “Nothing,” “I don’t know,” or even, “Quit asking me.” Erika tried to “pull it out of her,” and if

Erika could “get her on to something,” they conversed. Erika shared, “That’s what we should do at dinner time. . . . we should be talking at dinner.” For Leslie, dinner times with her teenage son had eroded, which was troubling for her. She had been concerned about his detachment and his well-being. She missed their time at the dinner table. It had provided her with a diversion from her loneliness. Her son’s school had changed to online learning, and she was concerned about the change in his behavior. She said, “I just don’t think the conversation was very lively anymore. . . . He can’t get together with friends. He doesn’t have his extracurricular activities anymore.” Her son, who used to sit at their kitchen bar and seemed to enjoy touching base, now hurriedly ate and returned to his room. “The conversation continued to degrade,” Leslie said, “He had less or there was less; he didn’t have much to contribute [to the conversation] at all.” Leslie’s son had begun “staying in his room” during meals, busy with “gaming.”

They were not the only family who used screens during meals or who did not eat together or who used computer screens. Both Erika and Tracy allowed their children to have tablets or iPads at certain times during the day, but usually not at the table. Their children were younger and Erika limited her daughter’s screen time to an hour a day. For Tracy, she allowed her son more time to play on his iPad when she had to work from home and her son’s school was closed due to COVID-19.

Dawn’s circumstances and methods for feeding her family differed the most from the other participants in the study, but her family was still likely not unique. From her view, she had to cope with constantly changing work and school schedules. The schedules changed every two or three weeks and kept her from settling into a routine with enough energy to cook for her family. Dawn had established a routine for her family of two boys though. She said, “My oldest has picked up my youngest from school and I need to feed them and I’m tired. I’ll run through

like Wendy's or the McDonald's and I would just grab some of the cheapest things." Dawn said, "I come home. They meet me at the door because I have food." After the bags of food were distributed, Dawn shared, "And then they, you know, we all kind of go to our own quarters to eat." Dawn continued, "And honestly, we are looking at screens." Dawn expressed that she was doing the best she could to provide food for her family under the circumstances.

Extended Family Meals: Getting Together When It Is Safe

The same COVID-19 conditions that rattled Dawn's family schedule were tearing apart extended family gatherings for other participants in the study. Heidi's larger family traditionally gathered for Sunday dinners and her grandmother cooked a big meal. After the middle of March, Heidi said her family members had to reevaluate who could attend and they had "a lot more handwashing going on" to protect her baby and her grandmother. Heidi related their conversations about who could come to dinner, "'Okay, this is where I've been this week,' or 'I've got a cough,' or 'I'm going to stay home today.'" Not everyone attended anymore. "My cousins have stopped coming to Sunday dinner," Heidi explained her cousins' absence with their potential exposure to COVID-19 at school and work.

Families were important for participants, and COVID-19 had disrupted extended family connections. Heidi's mother was ill with multiple health issues. Until COVID-19, she explained, "I used to be able to spend time with her and eat with her . . . and now with me working in the health care system . . . , we're not able to go visit her and eat with her like we used to." It was heartbreaking to Heidi that her job exposed her to COVID-19 and she had to choose between her job that paid her bills and spending time with her ailing mother.

Leslie's extended family used to have family dinners once a month and saw their cousins, but Leslie said, "when COVID happened, we weren't getting together anymore for those kinds of

meals, which is . . . very much a social thing.” They had begun getting together again after several months around mid-summer, about 4 months after COVID-19 shutdowns began in March 2020. Hopes of “getting together” again for meals with friends, family, and neighbors—after the virus—resonated among the participants. In the meantime, most of the participants’ families stayed close to home for meals and “making do.”

Conclusion

The stresses and disruptions in single-mothers’ lives during COVID-19 shutdowns in some ways occurred in small, steady hits. Food prices were higher or foods were scarce. New ideas and work arounds for meals had to be found. Three participants’ work hours were chipped away while they worked at home. Larger and more profound disruptions were the severing of social connections while the participants worked and managed their families at the same time. The risks of going to the grocery store were problematic and cut into the women’s schedules and budgets. In all, the single mothers showed creativity, flexibility, and toughness as they took on the COVID-19 issues. Of course, not all of the participants were equally affected. Tracy was hit hard by the disruptions. She had no family nearby, was cut off from her friends and child care by lockdowns and became a widow right before the lockdowns were put into place. With the death of her husband, she lost more than half of her household income. In describing how the virus had impacted her, she said, “I mean, we’re, we’re sinking and we’re sinking quick and trying to keep it all together.” Heidi said that being a single mother “is the hardest thing in the world.” She squeezed her son close and said, “This little guy makes it worth it.” For Julia, with a salary on the top of the chart, she felt happy. She had family nearby that fed her regularly and filled part of her social needs while she socially distanced. Julia wished to convey that it was possible to be happy and a successful homeowner as a single mother. More research, of course, will be needed

to understand the importance of the findings, but learning more about the participants from their own words has proven incredibly insightful. Further research would allow single mothers to address how much support and the types of support or social systems that would allow them to function at their best.

Chapter 5. Conclusion

My first grandchild was born in this pandemic, late in the summer of 2020. He was born as I began interviewing participants for the study. Long before he was born, I had been interested in the labor women perform to care for their families and feed their children to build healthy bodies. I had spent many years of my own life shopping, cooking, burning dinner, and cleaning up the mess the next day. Meeting my grandson and meeting the single mothers brought my heart into the study and tied me closer to the study and its outcomes. The responsibilities the single mothers carry on their shoulders is no small thing. They work to earn a living and then attend to all of the messy and multiple needs of a family. They are the heads of normative families, albeit a more vulnerable family and their work as parents is a little more difficult than in most supportive two-parent families. Yet, from the interviews I learned that single mothers hate to hear people say, “I don’t know how you do it!” The participants were not interested in pats on the back or people’s unwarranted sympathy. They wanted things in their life to work and they wanted friends and resources they could count on. Investing myself into bringing their stories more coverage has been, for me, a positive way to use my time during the pandemic. The questions that remain for this study now are, What knowledge has the study possibly added to what is already known? and Where does that knowledge potentially lead? I am grateful for my current graduate studies in Communication and Storytelling and even more grateful for the opportunity to apply them to a subject that matters to me. I have integrated the disciplines of communication and storytelling to inform my design, execution, and analysis work that I hope will be of use in further studies.

In this chapter, I show how the study’s focus on feeding changed during my conversations with these mothers to encompass a broader conception of their family labor.

Finally, I discuss possible implications of the study for single mother family research, limitations of the study, followed by future directions for the research and how it might prove useful, and finishing with my reflections as a researcher on this phenomenal endeavor.

Discussion

The participants changed the scope of the study during the course of the interviews. The original focus of the study, as I identified earlier, was single mothers feeding their families during COVID-19. I developed an interview schedule focused on feeding work and designed to draw out the participants' stories about their experiences feeding their families during the pandemic and with shutdowns that were designed to stop the spread of the virus, but also had unintended consequences that created disruptions to many people's lives.

In my first two interviews, I followed my interview schedule quite closely. I began the interviews with a simple question, asking how the participant were managing during the pandemic. The question was intentional. I was concerned about each participant and I wanted to provide them with a simple question that was easy to answer and that I hoped showed compassion. I intentionally asked a simple opening question to give the participant and myself a few moments to become acquainted and comfortable before I continued the interview. At the end of my first two interviews, I felt like something was off. The participants had been eager to describe fixing food and making dinner. They had also added stories and concerns about their jobs and child care and the virus that they wanted to share. I adjusted my first question and included asking the participants about feeding their families during COVID-19, in an effort to keep the study on track about meals. The final question had addressed changes the participants may have experienced in general during the pandemic. I also adjusted the final question to ask about food work. In the end, my first interview question successfully including inquiring about

feeding work in four of the seven interviews. For the final question, I asked about feeding work for five of the seven interviews.

The additional questions about meals did not seem to deter the participants and in the end, as I mentioned earlier, the single mothers shared about their employment and child care or schools in addition to their meal provisioning, and I included the data in the study. I had intended from the beginning of the study to provide a platform for the single mothers to share the stories of feeding work that were important to them and I think it was necessary for the study to reflect the data the participants provided. There are a few likely scenarios that caused the participants to add the extra information. First, meal planning and preparation were ongoing processes for them that were impacted by employment and child care. Thus, the participants described meal plans in the context of their lives. Secondly, the participants were likely troubled by the virus and were unburdening themselves in the interviews. The virus and the NPIs had upset so much and at the time of the interviews, the single mothers had been coping with COVID-19 for more than six months since the shutdowns began. They were sharing with me probably the most traumatic human event of any of our lives and how it had disrupted and continued to disrupt them. The interviews were perhaps therapeutic for them. Having someone to talk to about the virus may have been too much to pass up.

The pressures that COVID-19 added to everyday life for the single mothers may have provided data in another way. The pressure from the shutdowns would have caused or shown fissures in areas of weakness or undue stress on the single mothers' lives that they may not have recognized or thought to discuss had conditions been more "normal." For the single mothers like Tracy, Lori, Julia, and Erika trying to work while watching young children became nearly impossible. For Leslie, her son had isolated himself more than she liked since he lost his social

connections at school. None of them expected grocery stores to hold danger or for food to become scarce. These problems reveal, in some way, things that the single mothers could no longer control, but that affected their families and their ability to care for them.

In a broader social context, the narratives of the single mothers may provide insights into cultural shifts or norms on gendered parental roles. There are signs that we are moving away from the gendered stereotypes of family work that require a nightly home-cooked meal made by the mother. Slater et al. (2011), in their study on nutrition, called for policies that would encourage “flexibility for employees (male and female) to work part-time” to provide parents, and not only mothers, with time to cook proper food instead of relying on convenience foods in order to benefit the health of the family (p. 413). This request for policy changes is noteworthy for seeking a non-gendered approach to family health, while acknowledging that mothers are still primarily responsible for feeding work. Slater et al. (2011) continued by requesting that “more family food responsibility” could be taken on by male partners and children (413). However, Slater et al.’s (2011) recommendation for more balanced family care among couples does not benefit single mothers. It does show recognition of the gendered and stereotyped feeding roles women are pressured to perform and at least the article called for change. Neuman et al. (2019) studied married and single fathers as well as single mothers and noted that fathers in their study enjoyed cooking and described their family work similarly to mothers in the same family circumstance (p. 58). Neuman et al. (2019) reported believing that their data showed that real shifts in gendered roles had happened (p. 58). In my observations of the single mothers in the study, the women were embracing the role of financial provider and of caring work provider. They did not express any dismay at taking on traditional male roles, but only described things they were struggling to manage for their family. Butler (1990) showed that gender was a cultural

construct (loc. 649) and the single mothers in the study did not describe concerns for gender and only presented concerns for holding onto their jobs and still having the energy to feed their family. During the pandemic, when the time and energy were scarce for the participants, and there was a conflict between work and family, they were more likely to describe taking care of work and turning to convenience foods as their method for relieving some of the time scarcity they experienced. This may reflect a general cultural shift in attitudes regarding gender, as they showed a move away from the female gendered feeding work when under time pressures from employment. Choosing to invest in employment over feeding time may reflect participants' need to choose survival during the virus and was a reflection that they were not concerned about performing gender when it served no cultural need. More research would need to be conducted to determine participant or cultural attitudes on gendered work.

Implications

I've been talking about this study for months with family and friends. I've received pats on the back for studying single mothers because it sounded like I was being useful. No one really listened for very long to the data I had collected on the subject. Then Amanda Gorman took the stage and announced that she had been raised by a single mother. After Gorman recited her poem, I added her story to my descriptions of my study. Then when I described by study, people's eyes lit up and they paid more attention. Her story made my work more interesting. Stories matter. This study looked at the family and feeding work of single mothers during COVID-19 shutdowns and disruptions, and storytelling played a role both in developing the interview schedule and in the interview process itself. In the interviews, I invited the participants to recount meals they had made. I used prompts to encourage the participant to go back to that place and time and reconnect emotionally to the details of their memory. That added step of

asking them to go back and be more present in the memory helps them remember more, and more clearly. Then I asked the mothers to relate the memory in the form of a vignette, to encourage them to relate a full, three-dimensional response. This type of response is more likely to be richer in details, and in meaning. If used well, storytelling is a wonderful discipline for communicating ideas on an impactful level.

The discipline of communication is characterized in part by research and analysis. Communication gives the researchers validated theories to be applied as tools in inquiry and trains them to ask, What can be learned from the data? In the study of COVID-19 and single mothers, data from the participants' narratives were analyzed using theories of Coordinated Management of Meaning (CMM) and Relational Dialectics Theory (RDT). This analysis has given rise to two potential implications from this study. CMM has great flexibility and explains that meaning is created in communicating and is useful in posing and answering the question, What are we making together? This question is useful for understanding interactions single-mother families have with individuals and institutions (Pearce & Pearce, 2000, p. 421). CMM helps us understand that in our acts of communication, we help construct our culture at large. CMM also addresses what happens when our interactions with organizations and individuals diverge from expected patterns. Our actions may be construed as problematic when they don't conform (Pearce & Pearce, 2000, p. 411), which may explain why single-mother families, as they have evolved against the traditions of the nuclear family norms and patriarchy, have been stigmatized or not even seen. This is problematic and undeserved. Research is needed to help this group be counted in our culture as a normative family for inclusion in every respect. In relationship to single mothers, Pearce and Pearce's (2000) expanded use of CMM indicated that a guided conversation about single-mother families in the public forum could better situate these

families in our culture (p. 411). This could provide better morale and tangible support for these mother-led families.

Moving the conversation about single-mother-led homes into the mainstream has possible immediate application. Currently, there is much movement toward encouraging redistribution of family labor from the mother and to apportion the labor more equitably between the parents in nuclear families. Acknowledging that the gender-directed discourse needs to change is progress, of a sort. It is true that healing the bifurcated male/female roles, paid work/unpaid work, and public roles/private roles of a bygone era is crucial, but where does that leave us? The redistribution of family labor between partners would be a lateral shift and provide no relief or support or inclusion for the numerous single-parent families, of which single mothers are the majority. Discourses dictating women and mothering roles have come from self-interested patriarchies and hegemonies of authority. Likewise, partners, family members, and peers have reinforced the gendered roles of women as the caretakers and responsible party for unpaid family labor. Pushing back against authority figures and peers may be too simplistic a solution for women and single mothers. Societal buy-in is best for creating change. Butler (1990) explained that “oppression” does not limit itself to “vertical” or “horizontal” planes of pressure or influence (loc. 820). In other words, old ideologies come from all directions. Comprehensive efforts are vital to remove gendered constraints from all parents, women, and single mothers. Taking Butler (1990) into consideration, it will not be enough to collapse the traditional two gendered roles of work and family care into one in order for single-mother families to thrive. A more holistic social structure must evolve.

I believe the model for family structure the single mothers have presented, that of the three pillars of employment, social connections, and family life are a better step forward. The

three-pillar structure is the second potential implication from this study and RDT may help explain this dynamic. Baxter (2004) explains dialectics as “a unity of opposites” but the meaning might be better understood as a unity of ideologies that are not always in harmony with each other (p. 183). An example is the dialectic between work life and family life. Both are vital for families and both make conflicting demands for time and energy. The pull or tension between those in dialogue are to be managed, not dismissed (Baxter, 2004). Baxter (2004) proposes that more than two dialogues or “multiple voices” may be “competing at once” (p. 189). In this case, the multiple voices that may be competing could be the three pillars of single-parent family structure and their relationships to each other that the narratives in the study appear to reify. It is possible that single-mother families are organically moving closer to a circular structure. The circle is symbolic of inclusion, support, equality, and care.

The idea of the circle appeals to the storytelling side of me because it is inclusive. I recognized that the greatest value of my study would be the voices and narratives of the single mothers. These women have been silenced for too long so inviting them to speak was primary to my work. Research has presumed, and at times continues to presume, what single mothers need or what will serve their families. What the single mothers need is a platform to tell their stories and for the rest of us to listen. We tell ourselves stories every day that become the fabric and design of our lives and our culture. Haven (2007) wrote, “[Stories] have changed societal and cultural attitudes, beliefs, and values as well as swayed public opinion.” I set out to let the participants tell their stories. I wanted them to speak rather than have a goal in mind for the outcome of what their narratives would tell us. They deserve to be seen for who they are and to take part in the story that shapes our larger national narrative. Haven (2007) continued, “[Stories]

have changed and continue to change the world.” Single mothers are already changing the world while they work and raise the next generation of children. We need to listen.

Limitations

I designed the study to be small in scope, though the study size may be considered a limiting factor. The size of the study permitted me to obtain an in-depth view of my primary focus—the feeding work of the participants. The greatest challenge and limit came in designing a study to capture the participants’ experience of providing meals in the midst of COVID-19 disruptions. The study and its design were complicated by my inexperience as a researcher and the difficulty of researching COVID-19 at the same time I studied the women’s experiences.

A primary limitation to recruiting single mothers may be their lack of time and opportunity while at home with their children. It is likely that the single mothers who participated even had a spare hour in which they could focus on an online interview, so the data may only speak to some of those few. Recruitment was also limited by access to computers and internet. Schools have loaned or gifted computers and worked with internet providers to connect internet access to underserved families during the pandemic, but mothers who are new to computer use may not have developed the skills to participate in the study or may have felt ill-equipped to join an online study. Word of mouth or flyers posted at children’s school, and flyers with more people of color represented may have been helpful to reach this demographic.

COVID-19 provided me with an opportunity to use the Zoom platform for the study interviews. The option to conduct online interviews existed before COVID-19 restrictions, but in the past, I would have opted to conduct in-person interviews. Zoom broadened my potential recruitment from a small, drivable area around the university to the entirety of the U.S. However, the format did have drawbacks. Nothing can ever replicate in-person communication. The

distance between myself and the participants was still very real. The technical quality of the interviews depended on stable internet connections. The internet did remain steady for the interviews, with the exception of occasional sputters and spits, but I still felt unprofessional when it happened. I had to ask participants to speak up or repeat themselves when the screen and audio froze. I could not control the internet and I felt this hindered my relationship with the participants.

Another limitation of the study relates to the demographics of the participants. My social media skills are still in the development stages. Most of my knowledge of social media is used to keep in touch with relatives and old friends. I did reach out to a variety of groups and searched for optimal social media placement of the flyers. In the end, though, the participants fit my own demographic as a white middle-aged, middle-class female. The study findings are limited in what they might say about younger and older women, working-class and poor women, those who identify as single mothers from the LGBTQ community, and women of color. Single mothers of any kind are under-represented in studies on feeding work, qualitative research, and studies of single mothers in demographics outside of low-income or disadvantaged families. I believe there is useful contribution here. For online recruitment, a more tech-savvy researcher may have been able to reach participants from more diverse racial, ethnic, economic, and cultural backgrounds. The study sample did not include Black single mothers, single mothers from ethnic minorities, nor any self-identifying LGBTQ+ single parents. The study did provide good data for the demographic that was represented and is useful to forming a larger body of knowledge on single mothers and their feeding work. While it is a limitation that the study was not diverse, it is likely that studies for racial, ethnic, socio-economic strata, and sexual orientations will be

instructional if the uniqueness of each group is studied as a homogeneous group and then as part of larger studies to provide data for the aggregate.

Future Directions

As I read through available studies relevant to my topic, the preponderance of studies focused on the low-income and more “fragile” single-mother families who are economically challenged due to factors such as low-education levels and other disadvantages (Kalil & Ryan, 2010, p. 39). The majority of single mothers, however, are not living in poverty but they and their lives are absent to a great extent from the research, as if they are insignificant. They deserve a place in more research. The numbers I have quoted in the literature review exhibit that these mothers are raising a significant number of the children in the U.S. Listening to all of their experiences and needs provides us with the best base of knowledge. A greater diversity of single-mother participants will provide a better knowledge base of this family type for institutional knowledge. On another note, related to future studies, researchers at times appeared to look for ways to change the behavior of the single mothers they were studying to prompt the mothers to provide more family meals, without having established the single mothers’ needs and the barriers they face as they try to provision a meal—the necessity of which they are already familiar with and thus are already attempting to create (Kinser, 2012, p. 320–21). Keeping in mind the agentic work of the mothers and out of respect, future research would provide more valuable data through a renewed effort to keep the focus of the research on *learning from* the participants as the primary responsibility.

Qualitative studies have attributes uniquely suited to learning about lived experiences. These studies generally have fewer participants, which allows for gathering more of their stories. Qualitative research is well-suited to then sharing the findings through storytelling too. In the

interviews, I invited the participants to move beyond answering questions and I encouraged them to tell me the story of meals they had prepared. I believe encouraging the women to tell stories in the interviews expanded the rich data I was able to gather. The resulting findings included a great deal about the family structure of their households. A variety of details came from the study that could seed further research. One example includes the theory I have put forth that single mothers base their family structure on the three pillars of paid labor, family life, and social connections for their families to thrive. Two-parent families may also use the same three pillars to build stable family life, but single mothers may be more dependent on this family structure, having fewer options or safety nets within the basic family unit itself. It is possible that the three-pillar structure is unique to middle-class single mothers who are white and have better job and earning prospects. Single mothers of ethnic or racial minority status may have family structures better suited to their communities with unique attributes, needs, and culture. I propose that further studies of diverse social groups are necessary and that needs and outcomes should not be assumed. This will benefit single mothers and will provide better data to form foundations for policies and cultural understanding. Finding ways to support single mothers may be unique from the support two-parent families need. A current example of this, relating to family care, are the efforts being made to shift some of the caring work of mothers to their partners, providing a more equal distribution of work. This change will not provide any relief for single mothers and other avenues of support are needed.

Research Reflections

My journey working on this study began in the spring of 2020 as flowers bloomed and gardens began to sprout like children outgrowing their clothes. It is easy to romanticize what it would have been like to work on this study without COVID-19 to keep me in relative isolation. I

can imagine walking the halls of the university and rubbing shoulders and exchanging ideas with my fellow scholars or dropping by my professors' offices. The reality is that no "what if" can change that this is hard and satisfying work.

One of our professors warned us this would be hard. He cautioned us to stay humble, keep our heads down, and work very hard on our thesis and capstone work. His face looked very serious and fatherly as he continued to explain that we *should* feel intimidated. We should feel like imposters and that we were not in that moment up to the task and would have to work and stretch beyond anything we may have done before to get there. He assured us that this was the right attitude to be successful, if we were lucky. It feels lucky to be here.

The world of academia has so much of value to share with the rest of our society. I began my research by reading two works from Demeter Press, *What's Cooking Mom? Narratives about Food and Family* (Cassidy & Guignard, 2015), and *Mothers and Food: Negotiating Foodways from Maternal Perspectives*" (Guignard & Cassidy, 2016). I began learning about distal discourses that directed gendered work and feeding practices of mothers (Kinser & Denker, 2016). I learned about hegemony and patriarchy. I learned about courage. These concepts were vital to my study. The greatest knowledge I gathered from the books were the stories of the women who contributed and shared their studies and personal narratives. I was hooked. These books set the bar high as I began searching for research and studies to add to the ideas and knowledge growing in me.

COVID-19 continued to spread through the summer of 2020. My husband and I returned home to the Seattle area for a month-long visit where we isolated with the deer in our yard. I kept reading research and seeing stories on the news about parents everywhere who were trying to work and keep one eye on the toddler and the other eye on the child who was supposed to be

doing virtual school. When I returned to school virtually in late August 2020, my research continued. There was a great deal of academic knowledge I had not experienced, such as the “maternal food roles” and the blame assigned to mothers (Arnold, 2015, p. 51). I learned about the types of single mothers, and the history of how waged labor divided family roles. I learned how many children there are in the U.S. I began writing and making bibliographies and lists. I scribbled notes on yellow legal pads for research notes and blue legal pads for interview notes. I wrote journal entries and rough drafts and wrote and wrote. Organizing the details of my thoughts and the knowledge I was gathering proved my greatest challenge. While I was working to gather research about mothering, I found myself stretched trying to follow and make sense of the necessary data on the pandemic. I tracked COVID-19, unemployment, and combed through the many statistics to situate the virus together with the narratives of the participants. My inexperience and the breadth of data I attempted to bring together may have created gaps in the study design or literature review, but I pressed on. All the while, COVID-19 looked over my shoulder.

Soon after classes resumed in late August 2020, I received IRB approval for my study. I quickly posted my flyers on social media and began interviews that continued through mid-October. I enjoyed the interviews with the single mothers. They were articulate, vulnerable, and generous with their stories. I learned so much from these women. I have enjoyed pondering the implications of the narratives the single mothers shared. The interviews provided insights into a predominantly middle-class white demographic usually considered a place of privilege, but their experiences were filled with very real concerns and anxieties for the well-being of their families. They kept going, planning, creating, and loving in this time of uncertainty and trial. They even expanded the view of the study, just by telling their stories.

My interest in the participants has not ended with the interviews or the study. They have stayed with me as I've written about them and, I have to admit, I have also been concerned about them. At times during the interviews, they exposed the deep anguish of their loneliness and the heaviness of the burdens of "doing it alone" as they cared for their families. There were moments in the interviews when I wondered if there were unspoken stories held in by the participants or if the women dressed up parts of their stories to cover up hidden pain or some undeserved mother guilt. The idea became reinforced in my mind when pieces of stories were left unspoken or later dialogue contradicted and seemed to cover up what had almost slipped out. I wonder how the women are doing now while COVID-19 continues to sicken and create stresses in our world populations. I hope that they are well and healthy. I hope vaccines will end this pandemic.

I have been doubly grateful for this study. Not only have I been given an opportunity to study this incredible group of women and their provisioning work during a pandemic, but this meaningful study has given me a focus that has carried me through these months of social isolation and concern. Research has kept my mind active. The time has flown by. I do terribly miss my cohort at ETSU and the amazing group of professors and researchers that supported me on a daily basis while we were able to be on campus. I must add, ETSU has been brilliant to provide, to the best standards of which I am aware during social distancing, virtual contact with the tutors and professors and classmates that have been vital to my work on the study.

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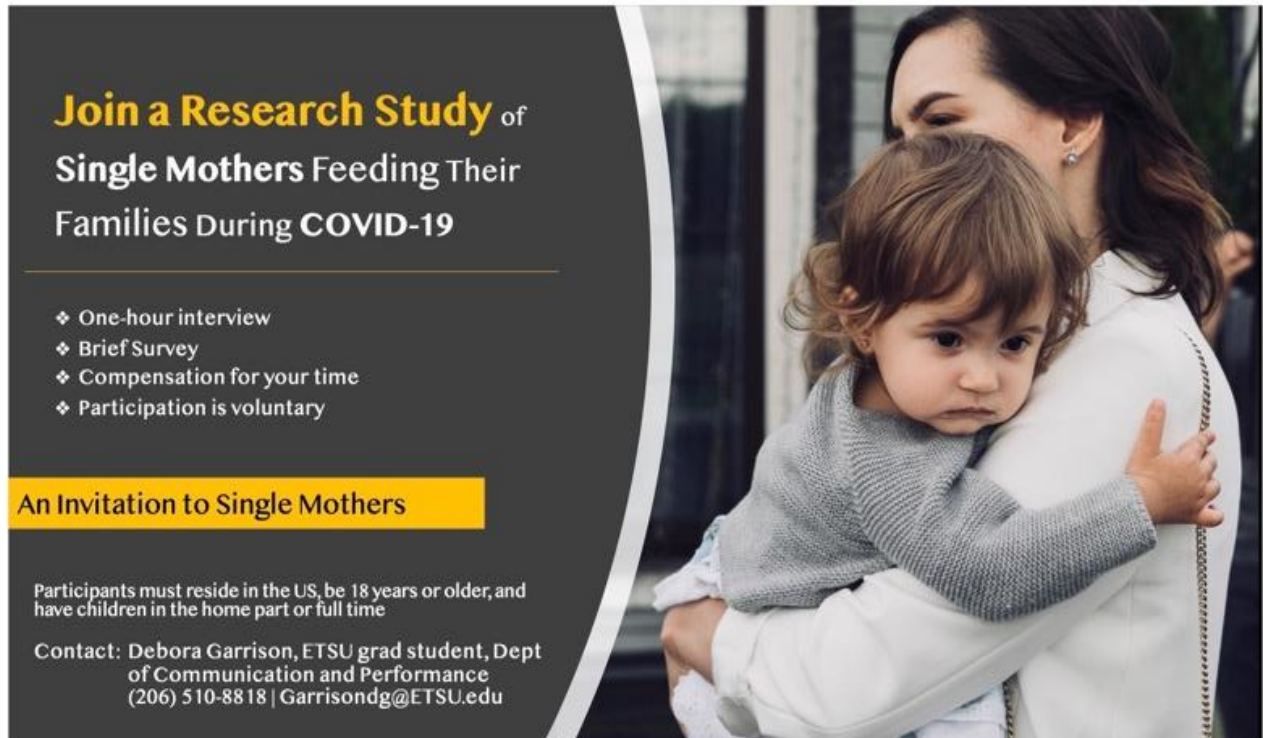
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APPENDICES

Appendix A: Flyer 1



Join a Research Study of
**Single Mothers Feeding Their
Families During COVID-19**

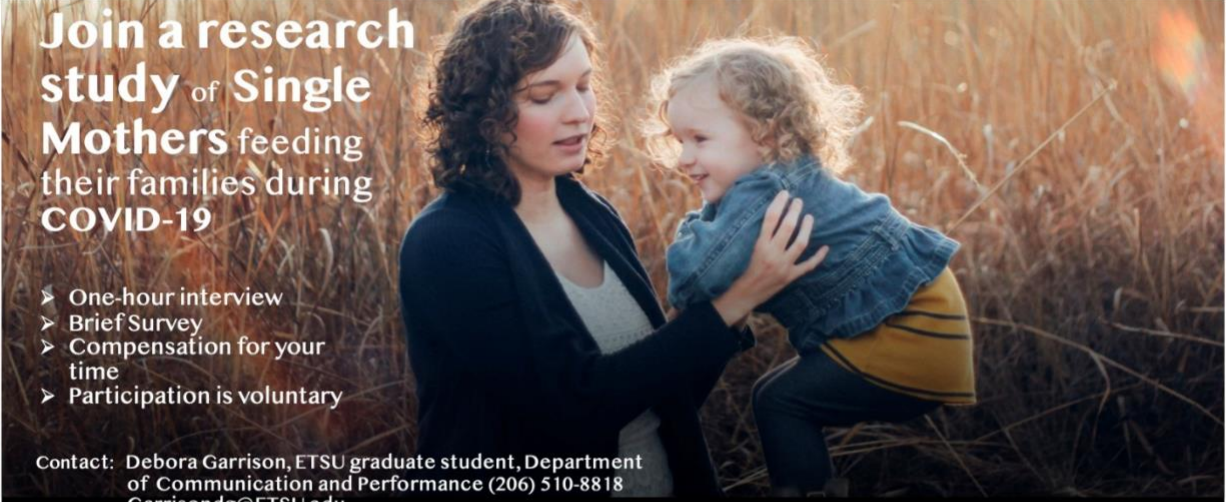
- ❖ One-hour interview
- ❖ Brief Survey
- ❖ Compensation for your time
- ❖ Participation is voluntary

An Invitation to Single Mothers

Participants must reside in the US, be 18 years or older, and have children in the home part or full time

Contact: Debora Garrison, ETSU grad student, Dept of Communication and Performance
(206) 510-8818 | Garrisondg@ETSU.edu

Appendix B: Flyer 2



Join a research study of Single Mothers feeding their families during **COVID-19**

- One-hour interview
- Brief Survey
- Compensation for your time
- Participation is voluntary

Contact: Debora Garrison, ETSU graduate student, Department of Communication and Performance (206) 510-8818
Garrisondg@ETSU.edu

An Invitation to Single Mothers

Participants must be 18 years or older, reside in the US, and have children full or part time

Appendix C: Interview Schedule

SMC-19 Interview Schedule

During the interview, I will be asking you to compare feeding your family before the COVID-19 shutdowns to feeding your family during COVID-19 shutdown. The shutdowns began around mid-March for many people. I will be using mid-March as a reference point for the interview.

1. How have you been managing since the COVID-19 shutdowns?

Prompts such as:

- a. How are you feeling about feeding your family during COVID-19 shutdowns?
- b. Would you tell me how your routines may have changed in the last few months?
- c. Would you describe an average day's schedule before COVID-19 shutdown?
- d. Can you give me examples of one or two things that you miss since the shutdowns?
- e. Describe a change or something that has surprised you?
- f. How have your meal schedules changed since COVID-19?

In the next question, I will be asking you to recall feeding your family before the COVID-19 shutdowns.

2. Would you share an experience feeding your family before the COVID-19 shutdowns? Walk me through an average meal with your children.

Prompts such as:

- a. Who was there?
- b. How is everyone doing?
- c. What meal is being prepared?
- d. Would you describe how the meal came together?
- e. Who was involved in any part of the feeding process?
- f. What is this time like for you?
- g. Can you share smells, sights, sounds, tastes, expectations—negative or positive?
- h. What moments are the most memorable for you?

In the next question, I will be asking you to describe how things may have changed regarding your experiences feeding your family during the COVID-19 shutdowns.

3. Would you tell me about your experience feeding your family during the COVID-19 shutdowns? Walk me through an average meal with your children.

Prompts such as:

- a. Who is there?
- b. How is everyone doing?
- c. What foods are you eating?
- d. Can you describe the patterns for feeding your family now compared to pre-COVID-19 shutdown?
- e. What meal is being prepared?

- f. Would you describe how the meal came together, from planning, preparing the food, feeding everyone, and cleaning up?
 - g. Who is involved in any part of the feeding process? Planning, shopping, prepping.
 - h. How is this time for you?
 - i. Could you give me examples of smells, sights, sounds, tastes, expectations—negative or positive?
 - j. What moments are the most memorable for you?
4. Would you share some of the things that have changed since the COVID-19 shutdown started and how you have managed?

Prompts such as:

- a. Are there any special foods you purchase or prepare now to accommodate preferences?
- b. Who decides which food(s) to serve?
- c. How do you think the nutritional value of your family meals now compares to pre-COVID-19 shutdown?
- d. What have you struggled with or enjoyed?
- e. Would you share how you experience the various parts of the process of feeding your family?
 - i. Planning
 - ii. Shopping
 - iii. Preparing the food
 - iv. Serving the meal
 - v. Meal time
 - vi. Clean up
- f. Would you describe if there has been any change in the how independent or self-sufficient the children are since the COVID-19 shutdowns?
- j. How has the shutdown influenced the amount of time you spend together with your family? With extended family or friends?
- k. What would you wish for in order to enjoy your meal times more with your family?
- l. Would you share some of your hopes for future outcomes from feeding your family?
- m. How do you feel about yourself as influenced by the choices you make feeding your family?
- n. How are you experiencing the choices you make to feed your family?
- o. Would you describe limitations that you feel have been placed on you?
- p. Please give some examples of some of the societal pressures you feel in feeding your family.
- q. How have you been brave during the COVID-19 shut downs?

Appendix D: Survey

Survey

This survey is part of a research study conducted by Debora Garrison, a graduate student at East Tennessee State University. A growing number of heads of households in the U.S. are single mothers. This survey is designed to gather information on the experiences of single mothers feeding their families, especially during the COVID-19 shutdown. **All answers are voluntary.**

Please add your **ID code** included in the email you received with the link to the survey. **DO NOT USE YOUR NAME.** If you have not received this or have any questions, please contact Debora Garrison.

1. Your ID Code:
2. Your age—circle one:
 - a. 18–25
 - b. 26–35
 - c. 36–45
 - d. 46–55
 - e. 55+
3. Ethnicity—Circle all that apply:
 - a. American Indian or Alaska Native
 - b. Asian American
 - c. Black or African American
 - d. Hispanic/Latino
 - e. Native Hawaiian or Other Pacific Islander
 - f. White
4. Education level—Circle one:
 - a. Some High School
 - b. High School Diploma
 - c. Some College
 - d. Four-Year Degree
 - e. Some Graduate School
 - f. Graduate Degree
5. Income—Circle one:
 - a. Below \$15,000
 - b. \$16,000–\$30,000
 - c. \$31,000–\$45,000
 - d. \$46,000–\$60,000
 - e. \$61,000–\$80,000
 - f. \$81,000–\$100,000
 - g. Over \$100,000

6. Children's info:
 - a. How many children do you have?
 - b. What are their ages?
 - c. What portion of the time do they live with you?

7. Other household members:
 - a. Relationship to you and/or the children?
 - b. Do they contribute to feeding the children?
 - i. How frequently do they contribute?
 - ii. What do they do to help feed the children?

8. Outside help:
 - a. What outside support do you have that helps with the children?
 - b. Who, outside of household members, plays any part in feeding the children?
 - i. How frequently do they contribute?
 - ii. How do they help feed the children?
 - iii. Has this changed since the COVID-19 shutdown?
 - iv. How has this changed?

9. Food—Eating out/Take-out:
 - a. On average, how many times a month did you Eat Out before the COVID-19 shutdown?
 - b. During COVID-19 shutdown?
 - c. On average, how many times a month did you bring a Take-out meal home or get food from a drive-through window before COVID-19 shutdown?
 - d. During COVID-19 shutdown?

10. Paid Employment:
 - a. On average, how many hours a week did you spend Working at Home before the COVID-19 shutdown?
 - b. During COVID-19 shutdown?
 - c. How many hours a week did you spend in a Work Setting Away from Home before the COVID-19 shutdown?
 - d. During COVID-19 shutdown?

VITA

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